



Commission & Council Quarterly Report

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Administrative Report Second Quarter January 1-March 31, 2014

I. EXECUTIVE DIRECTOR

On January 3rd, the Executive Director met with new Gubernatorial Commission appointees Susan Smith, Teresa Willard and Robert Walson. The Executive Director met, on January 21st, with Gubernatorial Commission appointee, Linda Driggs. These meetings were to provide the new appointees with an orientation to the Commission and IPAS.

On January 16th, the Executive Director met with the Long Term Care Ombudsman, Arlene Franklin, and Waiver Ombudsman, Brian Reynolds, to further discuss coordination and non-duplication of our respective program efforts. A general understanding was reached of how we can work together and which types of cases should be referred to each other. IPAS will be making a presentation to the statewide network of ombudsmen at their April conference concerning how our two programs can work in a collaborative and complimentary fashion to deliver increased benefits to residents of long term care facilities.

After discussing with Commission Chairman Goeppner the current grant balances and the fact that several of our project grants to our partner organizations are going to expire in March, it was decided to renew three of our significant grants with the Autism Society of Indiana, Mental Health America of Indiana and the Arc of Indiana. All grants have cancellation clauses should termination of the grants later appear to be desirable.

Consistent with the Commission's earlier direction to continue the collection of critical barrier survey results on a continual basis, the contract with the Indiana University Institute on Disability and Community (IIDC) was renewed for another year. This would be the fourth and last renewal which Department of Administration rules permit. The renewed contract will expire February 28, 2015 with a report due in January, 2015. If the data collection is to continue beyond that time, a new contract will be needed.

On January 30th, the Executive Director participated in a public meeting concerning a significant change in the process by which Indiana residents are determined eligible for Medicaid on the basis of disability. Indiana will begin using the Social Security Disability Determination process for Indiana Medicaid eligibility determinations. This will simplify the process for applicants as they will only have one disability determination process to navigate to secure both Social Security Disability and Medicaid benefits.

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The Social Security eligibility criteria is reported to be less restrictive than previous Medicaid standards so more Hoosiers with disabilities stand to be found eligible for Medicaid as a result of this change. The change is effective July 1, 2014. Information about the change was posted on the IPAS website.

Bid packets were sent to three possible contractors to solicit bids for a study to assess the feasibility of moving IPAS out of state government. The National Disability Rights Network (NDRN) identified two possibly interested vendors, one of whom is an Indiana based vendor. The third vendor is the consulting company, which conducted the study for Ohio Disability Rights. Bids and proposed study designs were to be submitted to IPAS by February 28th. Only one bid was submitted. This was from Laralyn and Associates, the consulting company that did the Ohio study. The bid for \$75,000 and proposal was discussed with Chairman Goeppner, who directed that we proceed to negotiate a contract with the vendor. A contract for \$70,000 has been developed and tentatively agreed to by the parties. It is presently in the process of being signed by the necessary state officials. A meeting was held with the vendor on March 14, in which Chairman Goeppner participated by video conference.

State Personnel approved the reclassification of an existing PAT I position to that of staff attorney. This would be a forth staff attorney position and strengthen our legal staff and culture. Legal Director, Melissa Keyes, will interview and hire the new attorney during the second or third quarter.

On February 10th, the Executive Director discussed with the Office of Civil Rights staff, the complaint which IPAS had filed with the US Department of Education's Office of Civil Rights concerning the Indiana Department of Education's failure to fulfill its responsibilities to assure that children with disabilities are not discriminated against in seeking admission to or in attending private schools under the Indiana Choice Scholarship program.

On February 13th, the Executive Director participated on a panel of employers for a webinar training put on by Easterseals Crossroads IN-Data, the assistive technology program. The topic was assistive technology for employees with disabilities provided as a reasonable accommodation under the Americans With Disabilities Act (ADA). The employers on the panel were asked to share their experiences in providing employees with assistive technology services and devices to enable them to perform their essential job duties. This afforded an opportunity to remind conference viewers that IPAS is able to assist employees with disabilities who request and are denied assistive technology in their workplaces.

Also on February 13th, the Executive Director participated in the quarterly NDRN CEO conference call. Topics of discussion this quarter included an update on the status of the Murphy bill which would gut the PAIMI program, some issues related to a Department of Labor rule concerning companionship services, and preparations for the upcoming CEO meeting in March in Washington DC, which is not being attended by IPAS. Indications are that the Murphy bill will not become law during this Congressional session; however, there are some provisions of it that are generally viewed as systemic improvements. It is possible that some version of a mental health reform law may be passed next year, with or without the provisions which are detrimental to PAIMI.

The Executive Director met with John Dickerson of Arc of Indiana on February 20, to discuss collaborative projects. All projects are progressing nicely. The Arc connection has been very helpful in putting IPAS before more families with members with disabilities. We believe that we are seeing an increase in requests for assistance because of this, and our other partnerships.

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In late February the relevant current priorities were sent to our partners at Arc of Indiana, the Autism Society of Indiana, Down Syndrome of Indiana, United Cerebral Palsy, the Self Advocates of Indiana, IN*Source, Key Consumer Organization, NAMI of Indiana and Mental Health America of Indiana, asking for their input and ideas for priorities and objectives for 2015. A similar call for input was made at about the same time to Commission and Mental Illness Advisory Council members. All comments received will be shared with the Commission and MIAC prior to the May meetings where proposed priorities for 2015 will be discussed.

On March 11th, the Executive Director participated in the Governor's Council for People with Disabilities board meeting. After the Council meeting, the Executive Director met with Council Executive Director, Suellen Jackson Boner, and Institute on Disability and Community Executive Director, David Mank, to discuss progress on joint projects and to plan for continued Developmental Disabilities Network collaboration. IPAS, the Governor's Council and the Institute are all funded by the same federal funding source, the Administration on Community Living, and are expected to work closely together on mutual goals. This group is collectively known as the "DD Network."

With respect to client grievances, IPAS entered the quarter January 1 with all previous complaints having been satisfactorily resolved. We have received no new client grievances during the quarter. We believe that this is an indication of how staff are treating our clients. We congratulate the staff for the professional, competent, courteous and patient manner in which they interact and communicate with our clients.

On March 13th, staff attorney Tom Crishon responded on IPAS' behalf to a WRTV Channel 13 story about a Johnson County resident with a disability who uses a service dog. She had been refused service at a local restaurant and was asked to remove the dog from the establishment. She was allowed only to order take-out food. The story left the impression that all was well because, after all she got her food take-out. IPAS contacted the Channel 13 reporter to inform her that this was not an acceptable alternative and that the restaurant had violated the individual's rights under the ADA and state law. We don't know as yet whether the reporter will do a follow-up story to inform the public about this being a clear rights violation and about IPAS services. Chairman Goepfner was apprised of our reaching out to the reporter.

On March 18th, the Executive Director agreed to a request from a reporter from the Bloomington Herald-Times for a phone interview concerning accessibility for persons with disabilities to the justice system in Indiana. The National Center on Access to Justice recently completed a study assessing the extent to which accommodations are provided in the states for individuals with disabilities who are involved in the justice system. Indiana was rated quite low. Some of the types of situations that IPAS has encountered were discussed, such as courts being reluctant to provide sign language interpreters. Further discussion of this is located in the Legal (Agency Wide) section of this report.

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II. STATISTICS (Agency Wide)

	2 nd Quarter
Informational Inquiries	404
Cases Carried over from Previous time period	188
New Cases Opened	105
Total Clients Served	293
Total Number of Individuals Served	697
Cases Closed at End of time period	83
Cases on Hand at End of time period	211
Web Site Page Views (Replaces Web Hits)	16,364
Web Site Total Number of Visitors (new item this quarter)	9,539
Total Number of Publications Distributed	6,244
Total number of General Public Information Events (booths)	5
Number of Individuals attending	1750
Education/Training Activities	44
Total Number of Individuals Trained	843

III. Legal (Agency Wide)

National Center for Access to Justice. This project was started in response to the National Center for Access to Justice (NCAJ) Report. The report found that Indiana ranked last in the use of best practices for making courts available to individuals with disabilities. IPAS reached out to the Division of State Court Administration (DSCA) to make them aware of the report and to begin a dialogue to better improve the use of best practices in Indiana courts. The Division of State Court Administration responded favorably and invited IPAS to meet with DSCA about ways to address the findings in the report.

Additionally, IPAS contacted NCAJ to inquire about more information that IPAS could use in discussions with DSCA. The NCAJ responded that it was currently assigning attorneys to each state to help address concerns. The NCAJ invited IPAS to be the contact for issues relating to access to the courts for individuals with disabilities. The NCAJ Executive Director indicated that discussions would start soon after the NCAJ partner attorneys were appointed. IPAS will be a part of those discussions.

Adult Guardianship Project. IPAS attended the Indiana Adult Guardianship State Task Force quarterly meeting on February 21, 2014. The meeting largely discussed the legislation allowing guardians to file for divorce on behalf of wards. The group also discussed efforts to create a guardianship registry across the state with the help of the Division of State Court Administration. The meetings will be ongoing and IPAS will continue to have representation at those meetings.

Meetings have also been scheduled with the ARC of Indiana to discuss the issues of Adult Guardianship and professional or corporate guardians.

BQIS Mortality Review Committee. IPAS met with the new director of BQIS to re-establish a working relationship. A monthly meeting has been set and IPAS has been invited to participate on the BQIS Mortality Review Committee. That committee reviews all deaths that occur for people being

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monitored by BQIS and our participation will allow IPAS to further investigate issues surrounding the deaths of persons with disabilities and to advocate when issues of abuse and neglect come up.

IV. PRIORITIES AND OBJECTIVES

Priority 1: To assure the provision of high quality advocacy services.

Objectives:

101 Maintain or exceed 85% affirmative ratings of all responses on all assessed parameters of the Information and Referral Customer Satisfaction Survey.

During the quarter, a sample of 12% was included in the survey. All respondents indicated that they found IPAS information useful and 95% of the respondents indicated they would call IPAS back. For the year, IPAS has sampled 13% of those that have received informational and referral services, of which 98.8% found the information provided by IPAS as useful and 95% indicated that they would call IPAS back.

102 Maintain or exceed 89% affirmative ratings of all responses on all assessed parameters of the mailed Customer Satisfaction Survey for closed cases.

For the quarter, 17 closed case surveys have been returned. All respondents provided positive ratings on all target parameters. For the year, 32 surveys have been returned with an aggregate rating of 97% affirmative.

Priority 2: Outreach to the public and to individuals with disabilities, concerning disability rights issues, IPAS services, and successes.

Objectives:

202 Develop and disseminate information regarding disability rights.

There were 44 agency wide education/training events and five public information activities to provide disability rights information and introducing IPAS services to approximately 1593 individuals in the 2nd quarter.

IPAS distributed 6244 publications at community at events and through other activities during this quarter.

The IPAS website and social media continue to be used as empowerment tools for individuals and families. See Objective 203 for information regarding the IPAS website and social media.

203 Continue development of web-based resources to empower individuals and families.

The state has upgraded the software used to track activity associated with IPAS's website. While the new program is considered superior in many ways, comparison to prior years' data needs to be viewed with caution as the method used to define and collect data has changed.

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For the quarter and using the same period last year for comparison, the IPAS website recorded 8523 visits (40% decrease) and 16,364 page views (40% decrease). During the quarter, there were 9,539 visitors (51% decrease), an average of 101 visitors per day. Approximately 4,907 visitors were new to the site. On average, visitors stayed on the site for 5 minutes 49 seconds per visit and viewed 1.71 pages during their visit. However, 65% of visitors viewed only one page and then left the IPAS site. IPAS's online intake form had 104 visitors.

The new software allows enhanced tracking of the referring site for a visitor to IPAS's site. While most visitors reach IPAS through a Google search, 50 visitors were directed to the IPAS website from Facebook. In addition, 22 others came to IPAS via NDRN, 16 from MHA of Indiana, 12 from the Arc of Indiana and 8 from IN*Source.

204 Promote, preserve and maximize the rights of individuals with disabilities as the Affordable Care Act is implemented in Indiana.

There has been no progress yet achieved in Indiana reaching agreement with the U.S. Department of Health and Human Services concerning the state administration's desire to use the Healthy Indiana Plan to expand insurance coverage to uninsured Hoosiers. The Governor is to meet with Health and Human Services Secretary Sebelius in late February to attempt to reconcile differences. Meanwhile, the federal funds that are available to cover uninsured Hoosiers for 100% of the cost of coverage go unutilized and 400,000 Hoosiers go without medical insurance.

Priority 3: Outreach to minority and underserved individuals with disabilities, concerning disability rights issues, IPAS services and successes.

Objectives:

301 Implement one project targeted to outreach to underserved individuals with disabilities, concerning disability rights issues, IPAS services and successes.

For the quarter, there were again a number of presentations by staff to individuals that reside in nursing homes. In addition, IPAS information was provided to attendees of Bosma Enterprise, the only Indianapolis-area nonprofit provider of programs and services solely focused on people who are blind or visually impaired.

302 Implement two projects targeted to outreach to minority populations with disabilities, concerning disability rights issues, IPAS services and successes.

During the second quarter, IPAS presented to a number of individuals with disabilities, families and other members of the public in Fort Wayne and northwest Indiana, which have larger populations of individuals of various minorities.

Family Voices Indiana. IPAS supported the outreach efforts of Family Voices this quarter by printing 1000 copies of each of their 17 Sunny Start Fact Sheets. Eleven fact sheets were printed in

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English, and six fact sheets were printed in Spanish. The fact sheets were provided to Family Voices for distribution during their outreach efforts in March.

Pre Primary Election campaign. A voting rights information postcard is being developed for a direct mailing to an area of the state that has a large minority population. The post card was created by Hiron and will be mailed during next quarter prior to the May primary election to targeted populations.

Priority 4: Provide the public with opportunities to make comments and suggestions concerning agency priorities and objectives.

Objectives:

401 Solicit input through the continued development of web-based resources to allow multiple means of submitting comments.

The current year's Priorities and Objectives are posted on the IPAS website with a call for comments and suggestions. In February, comments and suggestions were solicited from our partner disability rights organizations. All input received will be provided to the Commission and MIAC for consideration at the May meetings.

402 Publish and disseminate an annual IMPACT and invite readers to submit comments.

Two thousand copies of the annual IMPACT Newsletter were printed; distribution at events has already begun.

403 Provide opportunity for members of the public to comment about priorities and s during an annual public meeting.

An opportunity for the public to comment will occur during the August Commission meeting.

404 Gather input as to critical disability rights barriers.

The results from the survey which were obtained during 2013 were provided to the Commission and MIAC prior to the February meetings. The contract with the Indiana Institute on Disability and Community (IIDC) was renewed this quarter and will expire February 28, 2015.

Priority 5 Maintain a pool of qualified and diverse individuals who are eligible for appointment to the Commission and the Mental Illness Advisory Council.

Objectives:

502 Consistently maintain a pool of at least five qualified persons who have completed the prerequisite actions and are eligible for Commission appointment.

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Currently there are five eligible candidates for the Commission. An email is sent each quarter, before the Commission meeting, to eligible candidates to remind them of upcoming meetings and to invite them to attend. A copy of the quarter report is included. Application packets continue to be sent to those interested in being on the Commission.

503 Consistently maintain a pool of at least five qualified persons who have completed the prerequisite actions and are eligible for MIAC appointment.

Currently there are four eligible candidates for the MIAC. Emails are sent each quarter before the MIAC meeting to eligible candidates to remind them of upcoming meetings. A copy of the quarter report is included.

Administrative Report End

Protection and Advocacy for Individuals with Developmental Disabilities, PADD

Amy Penrod, Program Coordinator

I. STATISTICS

Informational Inquiries	76
Cases Carried over from Previous Quarter	77
New Cases Opened	33
Total Clients Served	110
Total Number of Individuals Served	186
Cases Closed at End of Quarter	36
Cases on Hand at End of Quarter	74

II. REPRESENTATIVE CASE

IPAS had concerns regarding the court appointed co-guardianship of “Lilly,” age 35. IPAS determined that Brenda, Lilly’s co-guardian, was employed as an administrator of the developmental center in which Lilly resided and was, subsequently, involved in the events that led to the facility’s closure.

The center had been under audit and investigation by the Indiana State Department of Health (ISDH) and the Bureau of Developmental Disabilities Services (BDDS), both of whom have oversight authority for facilities such as this. The results of these investigations concluded that in innumerable areas, the center was in substantial non-compliance with federal regulations and/or state laws, placing the center’s residents at “immediate risk.” The investigation further concluded these violations had been occurring for some time without the administration correcting the problems. All of the residents, including Lilly, were moved out of the facility into safe and appropriate settings.

Concerned for Lilly’s rights, safety, and best interests, IPAS sent a letter to the guardianship court judge who had appointed Brenda as co-guardian. The letter informed the judge of the serious violations which occurred at the developmental center while Brenda was part of the facility’s administration. IPAS did not receive a response from the guardianship court judge. The court, however, did contact IPAS inquiring about Lilly’s current residency, to which IPAS responded.

III. LEGAL

Judicial Review: IPAS has been assisting a client with a second administrative review of a decision related to the proposed reduction of Medicaid waiver funding/services in a subsequent budget year. The initial budget dispute with Division of Disability and Rehabilitation Services (DDRS) was discontinued at the request of the client’s guardian. The budget for the client’s services in the current year was issued with the same significant cuts as before, and was calculated consistent with the budget allowances under the algorithm policies adopted by DDRS. The algorithm policies make no allowance for the individual needs of the applicant/consumer, and are insufficient to provide for the client’s needs in this case. IPAS assisted the client’s guardian at the administrative hearing, and the Administrative Law Judge (ALJ) ruled against the client, finding the budget to be in compliance with established policy. IPAS assisted the client’s guardian in filing for agency review, and the agency upheld the ALJ’s decision upholding the budget. IPAS assisted the client’s guardian in filing for judicial review of the ALJ and agency decisions. DDRS has since agreed to increase the client’s budget to a level that is acceptable to the client’s mother/guardian. IPAS believes that there is a good chance that a negotiated settlement covering multiple budget periods can be reached. IPAS is

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advocating for a settlement that includes an assurance that the budget will not be decreased in future years.

Judicial Review: IPAS is representing a client in a Medicaid waiver services appeal hearing. The client lives in a group home with a roommate, and requires no less than 1:1 staffing during the time he is awake, and group staffing while he is asleep in order to provide for his health and safety. The client's staffing hours were reduced based on the algorithm funding calculation policy adopted by FSSA for determining staff hours. The policy does not make allowances or exceptions for the individual needs of the consumer. IPAS further contends that FSSA has failed to make a proper individual determination of the client's needs based on his health and safety as required under the Medicaid funding laws and regulations. An administrative hearing was held, following which the Administrative Law Judge (ALJ) issued a decision which upheld the State's budget. IPAS believes that the ALJ's decision upholds FSSA's algorithm calculation without taking into account our client's individual health and safety needs. IPAS assisted the client in filing for agency review of the decision, and that review affirmed the decision of the ALJ. IPAS counsel then assisted the client's guardian in filing a petition for judicial review. FSSA has since provided the client with a temporary budget increase that the guardian confirms provides for his needs. FSSA has further offered to make the budget increase permanent through the end of the current budget year, and has offered to provide an ALGO 5 level budget to the client for the following budget year. The client has been receiving the agreed to budgets throughout the process. After several months FSSA was finally able to receive approvals from the Office of Attorney General and the Governor and both parties have signed the Settlement Agreement and the case has been dismissed.

Guardianship Hearing: IPAS opened a case to look into an allegation of abuse and neglect in a nursing home. While going through our standard procedure of determining if the client had a guardian, we discovered that an individual had filed a motion in court for a temporary or emergency guardianship. An IPAS advocate in talking to the client determined that he was much more capable of making decisions than people who typically have guardians and that the client did not want to have a guardian. An IPAS staff attorney met with the client and agreed to represent the client in contesting guardianship. A preliminary attorney conference was scheduled and the IPAS attorney advocated that a Guardian Ad Litem be assigned and the guardianship hearing be continued until the Guardian Ad Litem issued a report. The Guardian Ad Litem issued a report finding that the client does not need a guardian. The two sides agreed to a settlement where the client would set up a "Springing POA" of his choosing that would be available to be his POA should his capacity decline. The client chose his uncle to fulfill this role. Opposing counsel filed a Motion to Dismiss once this was done, which was granted.

IV. PRIORITIES AND OBJECTIVES

**Priority 1 To reduce or eliminate the abuse and neglect of individuals with
intellectual disabilities/developmental disabilities.**

Objectives:

106 Review 85 allegations of abuse and neglect on behalf of individuals with intellectual disabilities/developmental disabilities to ensure that the allegation is reported to the responsible entities and advocate for necessary action to protect the health, safety and welfare of the individual.

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Amy Penrod, Program Coordinator

During this quarter, IPAS opened nine new service requests within this objective. Three service requests were completed and closed while 21 had been carried over from the first quarter. Twenty-seven service requests are being carried over into the third quarter.

Specific outcomes achieved within this objective include:

- IPAS reviewed an allegation of abuse of a person residing in a residential facility. IPAS prompted the facility to update the client's behavior plan to include all interventions used to address behaviors. The client's guardian was provided information to enhance self advocacy skills.
- IPAS reviewed an allegation of neglect resulting in death in an adult foster care setting. IPAS was able to verify that the incident was reported to the appropriate entities and that law enforcement had arrested the perpetrator. IPAS confirmed there were a number of changes made in agency policy in creating a system to monitor the adult foster care program.
- IPAS reviewed an allegation of abuse of a person residing in a group home. IPAS confirmed the provider did take appropriate action to keep the client safe.

"Kevin," age 17, resides in a residential facility. Kevin's guardian contacted IPAS with an allegation of abuse during restraint by the facility staff. IPAS reviewed documentation from the facility. IPAS confirmed the facility was using standing and sitting holds, escorts and supine restraints when Kevin exhibited aggressive behaviors. The facility reported restraints were used only to assist with behavior that caused risk of harm either to himself or others. IPAS found that while the facility documented the use of these holds, Kevin's behavior plan did not contain the use of such holds. IPAS's review of the facility policies found that restraint usage needed to be documented within the behavior plan and reviewed by the human rights committee. Kevin was subjected to the use of restraints over an eight month period without the use of restraints ever documented in his behavior plan. IPAS advocated for inclusion of restraint usage to be documented in Kevin's behavior plan and that the facility review the process which allowed Kevin to be restrained over an eight month period without the procedure being documented in his behavior plan.

Priority 2 Reduce or eliminate the denial of rights and discrimination due to disability.

Objectives:

201 Review allegations on behalf of five students where the school has proposed or instituted a change of placement through suspension or expulsion.

During this quarter, IPAS opened one new service request within this objective. Two service requests were completed and closed and three had been carried over from the first quarter, leaving two service requests to be carried over into the third quarter.

Within the two closed service requests, IPAS's advocacy efforts resulted in individualized education plans (IEP) that addressed:

- Appropriate educational services based on individual educational evaluations
- Attendance in a traditional school setting

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- Functional behavioral assessments (FBA) and behavior intervention plans (BIP)
- Information and guidance to enhance self advocacy skills
- Technical assistance

“Bryant,” age 13, identified as an Article 7 student under the classification of a student with an emotional disability, had been suspended pending expulsion. Bryant attended school on a modified schedule since second grade due to his inability to maintain positive behaviors on a full day schedule. He is now in eighth grade and has a history of inappropriate behaviors including physical aggression, verbal and physical threats, refusal to complete work/homework, disrupting others and leaving the assigned area without permission.

IPAS reviewed Bryant’s educational records and attended case conferences, including two separate manifestation determination (MD) conferences. At each MD conference, it was determined that Bryant’s behavior was a manifestation of his disability and that the school failed to follow the IEP. Bryant was able to return to school on a modified schedule with changes made to his IEP and the school’s implementation of such. As a result of IPAS’s advocacy efforts, Bryant was afforded a free and appropriate public education (FAPE).

203 Review 25 allegations of discrimination under Title II or III of the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination law.

During this quarter, IPAS did not open any new service requests within this objective. No service requests were closed and the one service request carried over from the first quarter is also being carried over into the third quarter.

This objective currently has one project open. The project is in regards to a review of the tuition reimbursement policies for students with disabilities at Indiana University. Activity taken on this project during this quarter consisted of IPAS legal staff compiling applicable policies pertaining to the issue.

204 Represent ten individuals in their appeal of reduced Medicaid waiver services when the alleged reduction in services will have a serious and negative impact on the health and safety of the individual, or when the reduction of services places the individual at risk of being placed in a more restrictive setting.

During this quarter, IPAS did not open any new service requests within this objective. No service requests were closed and the five service requests carried over from the first quarter are also carried over into the third quarter.

205 Represent three individuals in their appeal of denied eligibility for Medicaid waiver.

During this quarter, IPAS did not open any new service requests within this objective. Two service requests were completed and closed. Those same two service requests had been carried over from the first quarter so there are no service requests left open to be carried over into the third quarter.

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Amy Penrod, Program Coordinator

Within the two closed service requests, IPAS's advocacy efforts resulted in:

- The family of a child receiving Waiver services understanding the procedures involved in appealing the denial of Medicaid Waiver Services.
- A client understanding the procedures involved in appealing an Administrative Decision denying Medicaid Waiver Services.

"Kathy," 47 years old, contacted IPAS about receiving a denial for the Medicaid Waiver. Per Kathy's explanation, she was in the process of appealing the denial.

Initial fact finding revealed to IPAS that Kathy had already gone through the Medicaid Waiver appeal process and had actually received a judge's decision from an Administrative Review. IPAS legal staff determined that Kathy had already missed the deadline to appeal the judge's decision and informed Kathy of this. IPAS legal staff assisted Kathy in writing a letter to the judge in an attempt to explain her circumstances. IPAS legal staff recommended to Kathy that she could re-apply for the Medicaid Waiver if her letter to the judge was denied. It was further explained to her that if she was denied for the Medicaid Waiver upon re-application to re-contact IPAS as soon as possible about IPAS advocacy in an appeal of said denial.

206 Review three allegations of disability based discrimination that may have systemic implications.

During this quarter, IPAS opened one new service request within this objective. Eleven service requests were completed and closed. Twelve service requests had been carried over from the first quarter and two service requests are left to be carried over into the third quarter.

Within the eleven service requests completed and closed, all were in reference to IPAS's advocacy efforts to monitor the discharge plan/transition process from Warner Transitional Services (WTS). WTS had lost Medicaid licensure and was closing its doors. The following systemic results were achieved:

- All appropriate and necessary transition/discharge paperwork was obtained and reviewed for completion, thoroughness and accuracy. The paperwork included, but may not have been limited to: Health Risk Plan; Environmental Checklist; Transition Plan; Pre-Post Monitoring Checklist; Individual Support Plan (ISP); Behavior Support Plan (BSP); and Discharge Summary
- Clients' transition process was monitored for appropriateness
- Clients were discharged from WTS and transitioned as individually appropriate
- Clients were informed of the availability of their providers' grievance process
- Clients were informed of their continued right to contact IPAS with any future concerns

IPAS was notified that a large Intermediate Care Facility (ICF) for DD/ID operated by Warner Transitional Services in Carmel had failed to qualify for Medicaid recertification, had lost its Medicaid funding source and would be closing, transferring the residents within a very short period of time. Given the number of residents facing such a speedy discharge and transition to another provider and the obvious lack of any pre-planning for this event, IPAS offered services to WTS residents in the form of monitoring and advocating for appropriate discharge planning, placement and services.

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“Patricia” was a WTS resident whose guardian accepted IPAS’s offer of assistance. Said acceptance authorized IPAS to access Patricia’s confidential records so that IPAS could provide individualized advocacy during her transition and move to a new facility.

The federal regulations regarding an individual’s transition to or from service providers required that WTS, in coordination with BDDS, document within Patricia’s record, the fact that she was being transferred or discharged for good cause. Patricia and her guardian were also to be given “reasonable time” to prepare for the discharge and transfer. Finally, there was to be a written summarization of her developmental, behavioral, social, health, and nutritional status, as well as a plan of care, addressing Patricia’s post-discharge needs.

ResCare assumed responsibility for most, if not all, of WTS’s residents and intended to move them to a new facility. IPAS conducted regular monitoring, through in-person visits to both facilities, and stayed in constant communication with Patricia and all other parties involved, including her guardian. This allowed IPAS to remain aware of and involved in all things pertaining to not just Patricia’s move, but the move in general, to ensure the residents were provided appropriate placements based upon their level of care status and/or were transitioned as is required under the Intermediate Care Facility for Individuals with Intellectual and other Developmental Disabilities (ICF/IID) regulations.

Patricia was ultimately transitioned to the new ResCare facility without incident. Both she and her guardian reported she was happy with the move.

208 Review five allegations of unregulated or under regulated use of restraint and/or seclusion by a school and advocate for adoption of policies that promote and protect the health and safety of students.

There was no activity within this objective during the quarter. No cases had been carried over from the prior quarter and none were opened in this quarter.

209 Review allegations on behalf of 15 students whose school is not providing appropriate educational services.

During this quarter, IPAS opened 21 new service requests within this objective. Sixteen service requests were completed and closed, whereas 28 had been carried over from the prior quarter. Thirty-three service requests are left to be carried into the third quarter.

Outcomes within those closed service requests include:

- Development and implementation of revised individualized educational plans (IEP) based upon current educational evaluations
- Functional behavioral assessments (FBA) and behavior intervention plans (BIP)
- Provision of information and guidance to enhance self advocacy skills
- Technical assistance
- Attendance in a traditional school setting
- Attendance at school with a full day schedule

“Jay,” age 14, was identified and found eligible for Article 7 services. IPAS was contacted by Jay’s

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father for assistance with obtaining necessary supports and services that would provide Jay with a free and appropriate public education (FAPE). IPAS advocacy efforts included reviewing Jay's school records and attending a case conference on his behalf. IPAS assisted Jay's parents in expressing their concern for their son's behaviors, his grades and his treatment by peers at school. Jay's education plan was reviewed and amended per the committee and per additional testing conducted at the committee's recommendation. Jay's parents reported the amendments to Jay's plan have assisted him in earning better marks, lessening his involvement in confrontational behaviors with his peers and improving the line of communication between the parents and the school.

210 Review five cases involving alleged rights violations and the use of the internal complaint process of the provider, in situations not involving abuse or neglect.

During this quarter, IPAS opened one new service request within this objective. Two service requests were completed and closed. Five service requests had been carried over from the first quarter and four service requests are left to be carried over into the third quarter.

Within the two service requests completed and closed, the following results were achieved:

- Verification of services being provided for a client.
- Client took action to advocate on their own behalf.
- IPAS notification to a Guardianship Court Judge with concerns regarding a court appointed co-guardian's role in violations that led to closure of Arcadia Developmental Center.

The details of one service request closed within this objective are described in the aforementioned REPRESENTATIVE CASE.

Priority 3 Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights.

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with intellectual disabilities/developmental disabilities, parents, guardians, advocates, and/or service program providers.

During the second quarter, IPAS provided one PADD-specific education/training event and two public information activities, reaching approximately 1060 individuals. There were 58 agency wide education/training and public information activities held, introducing IPAS services, including PADD, to approximately 2760 individuals.

302 Support education and training efforts of self advocacy organizations to increase awareness of disability rights.

Partnership efforts with various disability related agencies in Indiana continues. Summaries of those efforts are included below:

Self Advocates of Indiana (SAI). Work resumed on the information cards during this 2014 second quarter. Hiron, Inc. assisted in formatting the cards. Once there is final approval of the proof, the cards will be printed and delivered to the Arc of Indiana and to the Self Advocates of Indiana for

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distribution. IPAS will have a supply to distribute at IPAS events. We will print 1800 cards for the Arc of Indiana. They will be given to My Life My Choice, six Family Educators and to the self-advocate groups.

The Spring 2014 issue of The Self Advocates of Indiana *Nims News*, included the article, "Employment Rights as an Individual with a Disability and the ADA," written by IPAS Education and Training Director Karen Pedevilla. The Self Advocates of Indiana (SAI) newsletter was distributed to over 200 individuals and was posted on line.

One hundred ninety self advocates attended trainings or meetings in the second quarter. Self Advocates attended the Advocacy Angels Chapter Meeting, the first quarter Statewide Meeting and a Speakers' Bureau Training.

The Arc of Indiana. The Spring 2014 issue of The Arc News in Indiana included the article, "Employment Protections for Caregivers," written by IPAS Legal Director, Melissa Keyes. This article is also posted on The Arc of Indiana's website. IPAS information was circulated throughout the quarter in The Arc's E-Newsletter and via The Arc's Facebook and Twitter pages. The Arc of Indiana newsletter was distributed to 20,400 individuals and was posted online.

Six individuals were referred to IPAS by the ARC and Self Advocates this quarter. There were two cases involving school issues, three cases involved guardianship and one case involving a mother of an emancipated adult with disabilities using the person's SSI to pay the mother's bills.

The Legal Network sign up form continues to be available via The Arc of Indiana and The Arc Master Trust websites. It is promoted through The Arc of Indiana E-Newsletter and on both The Arc of Indiana and SAI's Facebook page. As of March 31, 2014, 51 people have signed up for The Legal Network.

The Autism Society of Indiana (ASI). IPAS renewed its' grant with the Autism Society of Indiana. The new grant will run through April 31, 2015. The total amount of this renewal is \$20,000 to support ASI's Ally program.

During this quarter, the District 4 Ally supported 59 families and the Lead Ally supported 271 families.

The Autism Society has direct relationships with the following providers and support organizations:

- Hamilton Boone Madison (HBM) Co-op
- Wayne Township Special Services
- Hamilton and Hendricks County Systems of Care (Aspire, HBM, Probation, Division of Child Services, and DDRS)
- Carmel Clay Schools
- IEP Resource Center

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The Autism Society participated in district committees and task forces to understand the needs of the state and provide input to meet those needs. The Autism Society participated in the following:

- HANDS in Autism Local Cadre
- Systems of Care Advisory Committee
- Systems of Care local county groups
- First Steps LPCC
- Transition Councils
- Disability Action Work Group (DAWG)

IN*Source Bullying Prevention Training Project. IN*source continues to offer the PACER Center's bullying prevention training to families in Indiana. This grant has been extended to June 30, 2014 to allow for the makeup of trainings that were cancelled due to the weather in the second quarter. A full report will be provided to IPAS at the end of the third quarter.

Family Voices Indiana. During this quarter, IPAS supported the outreach efforts of Family Voices by printing 1000 copies of each of their 17 Sunny Start Fact Sheets. Eleven fact sheets were printed in English and six fact sheets were printed in Spanish. The fact sheets were delivered to Family Voices for their outreach and distribution efforts occurring in March.

Tangram. Business Resourcing completed its Disability and Inclusion project with the local Sear's retail stores this quarter. The project assessed the employment culture within the retailer and matched personal skills and characteristics with roles within the business. A plan was developed to address barriers within the culture, making Sears an employer of choice for persons with disabilities. These efforts included creating a climate friendly for reasonable accommodations and natural support systems for employees. Additional recommendations were made to bolster Sear's efforts to recruit, retain, and promote employees with disabilities. A second phase is being negotiated with Sears to roll out a national effort which would result in the hiring of approximately 400 individuals with disabilities. IPAS will not be participating financially in this second phase.

305 Strengthen policies and practices affecting the State's response to disability rights issues affecting individuals with intellectual disabilities/developmental disabilities through attending at least 50% of the meetings of select committees, groups and task forces.

Arcadia Developmental Center ICF/IID Human Rights Committee and Monitoring Activities- Arcadia Developmental Center ceased operation in November 2013.

Indiana Commission on Autism. There were no meetings held this quarter, as the Indiana House was in session through the end of March. There are currently no meetings on the calendar although meetings are expected to resume in May.

Indiana Adult Guardianship State Taskforce. IPAS attended the Indiana Adult Guardianship State Task Force quarterly meeting. The meeting largely discussed the upcoming legislation allowing

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guardians to file for divorce on behalf of wards. The group also discussed efforts to create a guardianship registry across the state with the help of the Division of State Court Administration. These meetings will be ongoing and IPAS will continue to have representation at said meetings.

Indiana Criminal Justice Institute (ICJI), Stop Implementing Planning Group. During the second quarter, IPAS as a committee member, provided input regarding disability rights issues to the Indiana Criminal Justice Institute's (ICJI) STOP Implementation Plan, a three-year strategic plan. STOP stands for (Services*Training*Officers*Prosecutors).

IPAS was able to provide resources and information regarding the rights of individuals with disabilities so that the needs and rights of individuals with disabilities is considered in the implementation of programs that address domestic violence and sexual assault. IPAS also provided information regarding what kind of rights barriers individuals with disabilities who are also victims of domestic violence may face.

IPAS recommended that services provided by domestic violence programs have equal access for individuals with disabilities. IPAS assisted in the identification of priorities, goals, and objectives including recommending that there are training opportunities for law enforcement officers, court personnel, prosecutors and service providers to more effectively identify and respond to the needs of individuals with disabilities. The result of IPAS's effort was that the planning committee identified people with disabilities as a targeted underserved population for whom grant-seekers must have programs to address their needs.

Hickory Creek ICF/IID Human Rights Committee- IPAS was unable to attend the one HRC meeting held at Hickory Creek during this quarter.

Hickory Creek ICF/IID Monitoring Activities- IPAS continues to monitor the Hickory Creek of Gaston. While in the facility for monitoring purposes IPAS spoke with the residents and observed the interactions between staff and the residents. There are currently 56 individuals living in this facility who spend their days in active treatment classes scheduled from 7:00 am-7:00 pm.

This facility has a new administrator with no experience in the operations of an ICF/IIDD facility. The Indiana State Department of Health (ISDH) conducted the annual survey in January noting some issues with compliance. A corrective action plan was completed and a follow up to the annual survey occurred in mid-March. ISDH did not place any of the conditions back into compliance. The new administrator was very concerned regarding the compliance date of May 4, 2014. She does not believe the facility can be back in compliance by that time. The Qualified Intellectual and Developmental Disabilities Professionals (QIDP) reported that while the survey was severe, there were only a limited number of conditions that could not be corrected.

During monitoring, IPAS noted several facial scratch marks on residents of the facility. When conducting follow up with the QIDP, all of the scratches were reported as self inflicted with incident reports submitted per policy. One resident with a long history of violent seizures has a vagal nerve stimulator for treatment of such. He reportedly kicked his leg up and broke the tibia. He was sent to the hospital where he remained for five days. He is now non-weight bearing for sixteen weeks. He has fallen twice since returning from the hospital; therefore, he is now on every fifteen minute checks. He is in a geriatric-chair with his leg elevated and at night he has a hi/low bed, a bolster mattress and two bed alarms. The administrator also reported that there has been an increase in his pain medication and

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he is no longer trying to get out of his chair or bed. One resident passed away in January of a heart attack with a history of heart related illnesses.

IPAS was notified in late March that Hickory Creek will close on April 30, 2014. IPAS will provide assistance and monitoring during this closure process.

IIACC Public Policy Meeting. IPAS confirmed through Dana Renay of the Autism Society of Indiana that another group has been awarded the Indiana Interagency Autism Coordinating Council (IIACC) contract with FSSA. IPAS is seeking contact information for further involvement with this Council.

Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI). Mental Health America of Greater Indianapolis Adult Guardianship committee was scheduled to meet once during this quarter. The meeting was cancelled, however, due to severe weather.

North Willow ICF/IID Human Rights Committee. IPAS attended each of the three HRC meetings held at North Willow during this quarter. During the quarter, 23 behavior support plans were reviewed. One was tabled and will be brought back to the committee again after further information is added. Sixteen psychotropic treatment plans were reviewed and approved and 46 pre-medications were reviewed and approved. Pre-medications are requested for dental and other medical appointments in which the patient has high anxiety and will, likely, be uncooperative or combative with constant movement.

Eighty-five restrictions were reviewed, of which two were tabled for clarification. Restrictive items included electric razors, an electric toothbrush, locked closets, and eye glasses in instances in which the individual was unable to care for the item when it is not in use. Other restrictions included annual renewals of restrictions for room water access for individuals diagnosed with polydipsia, personal property such as bed alarms, pelvic stabilizer (seat belt for wheel chairs) and lap trays for those individuals who were fall risks due to poor gait and/or seizure disorders. Thirty-one of the approved restrictions were the door alarms on the second and third floor.

North Willow ICF/IID Monitoring Activities. IPAS visited North Willow three times this quarter for the purpose of monitoring the facility. It was realized during this quarter that North Willow has had some changes in the configuration of living space. North Hall on the first floor was reopened as living space and 19 individuals were moved from the second floor to the first. The offices that were previously on the North hall were moved to South hall. On the second floor, South hall was closed and will be made into office space or storage due to the closure of South hall on the second floor and the movement of individuals back down to the first floor. In all, 27 people changed living arrangements. No changes were made to the third floor; it continues to have three hallways in which individuals reside.

Changes were also made with the workshop. The offsite building was closed; therefore, North Willow made room for the workshop in the basement which had previously been the recreation department's office and work space. The coordinator of the workshop program reported this has been a positive move as more individuals are now able to participate.

IPAS spoke with Kathy Dearing, an administrator, regarding updates and changes in the building. Ms. Dearing reported that North Willow is still receiving calls from families interested in placement, but

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BDDS is the placing agency and North Willow has not been receiving any new referrals for placement. Ms. Dearing stated as far as she was aware there were no plans for closure. North Willow is still getting readmissions for people who have been sent out for medical treatment or rehabilitation services, but there is a plan to reduce the number of individuals to approximately 125. Ms. Dearing indicated this downsizing plan has been in place for awhile with the facility finding replacements for those targeted for Medicaid Waiver services, guardian placements and deaths. IPAS inquired into obtaining a list of individuals with no guardians and the guardian information for those that did have guardians. Ms. Dearing stated she would have to follow up with IPAS after discussing the matter with Golden Living's legal counsel.

Logansport State Hospital (LSH) DD Human Rights Committee Meeting. IPAS attended and participated in two of the three Human Rights Committee meetings held at LSH during this quarter. Information pertaining to Larson 1 South, the LSH treatment unit housing individuals with intellectual and other developmental disabilities, was discussed.

During this quarter, Morgana Thomas, LSH Behavior Specialist, informed the committee that the Behavior Support Plan for one Larson 1 South resident had been discontinued in January due to significant progress made following a medication adjustment.

There were three "contact intentional" incidents (i.e., physical attacks/contact by staff or residents directed at other residents), occurring during this quarter with no patients being significantly injured. There was only one complaint resolution form filed for Larson 1 South this quarter and only one call to the internal human rights phone line. The facility recorded no rights violations on this unit during the quarter. There were no calls to the consumer service line and no allegations of abuse. During the quarter, each of the eight units received hospital trainings Parts 1 and 2, "Unconditional Rights" and "Civil Rights."

During this quarter the Senior Executive Board rescinded LSH Policy H-32, Conflict Of Interest. Pertinent information from this policy has been directly added to the Human Rights Manual which has now been updated for 2014. The decision was made that there is no need to have a hospital policy restate the state ethics statutes and rules as staff receives ethics training every two years through FSSA. Also during this quarter, LSH policy A-19 (Cameras and/or Recording Devices, Use of) was reviewed. There was one typographical error found within; it was noted, corrected and sent for final approval.

Marion ResCare Monitoring Activities. IPAS conducted four monitoring visits during this quarter at the ResCare facility in Marion. Monitoring activities include speaking with residents and staff as well as watching for signs of abuse or neglect and inappropriate interaction between staff and residents. The facility is currently at census with 30 individuals. All three units are now open.

In March 2014, the Indiana State Department of Health (ISDH) was present on a complaint survey at the time of the IPAS visit. IPAS was advised by the ISDH surveyor that he was in the building on a complaint survey but may issue an immediate jeopardy citation on the condition of client protections because of an allegation of abuse made to him by one of the sample clients and a few staff members.

IPAS routinely notes that individuals spend an enormous amount of time sleeping. There is little interaction with all of the residents outside of mealtime or outings. Staff report it is by choice that people are in their rooms the majority of the time. IPAS has discussed this with many of the residents

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and they confirm that they do not want to be in the living room as they do not like the life skills activities provided. IPAS has inquired about day program or employment services for the individuals. One resident has started working at a sheltered workshop and is very happy to be making money and to be outside the facility every day.

Residents are taken on community outings several times a week. The group outings take place daily and individual outings occur weekly. Residents are provided choice regarding where they go and what they do on the individual outings; individual outings happen in groups of two. Staffing tends to be an issue when scheduling daily outings and many times outings are cancelled due to staffing shortages.

Indiana Task Force on Disability and Health. IPAS's participation has been requested on the Indiana Task Force on Disability and Health, a group formed by the IIDC in contract with the ISDH. The purpose in developing this task force is to identify some recommendations for decreasing health disparities amongst people with disabilities. Of particular emphasis are the chronic health conditions of heart disease and stroke, cancer, diabetes and chronic respiratory diseases (asthma) along with the behavioral risk factors associated with such.

This task force is set to meet monthly and met twice during the second quarter. The following are the charges set before this group:

- To initiate discussion regarding access, treatment and prevention practices regarding four chronic health conditions, i.e., diabetes, cardiovascular/cardiopulmonary, respiratory/asthma and cancer and the behavioral risk factors associated with each, e.g., obesity, smoking and addictions.
- To review associated data available about Indiana citizens with disabilities.
- To identify and acknowledge disparities in treatment and prevention and the barriers that keep people with disabilities from accessing or utilizing good health care practices.
- To develop recommendations for inclusion in state health improvement and disability plans that address amelioration of health disparities amongst people with disabilities and removal of barriers to access in health care.

Sheltered Workshop Monitoring Activities. IPAS has undertaken the task of assuring that employees working in the state's sheltered workshops (facility-based work centers) have access to assistive technology and reasonable accommodations; that they are provided a safe environment to work in; that they have choice in the work that they perform and that they have opportunity to move in to community-based employment. The primary areas of focus are: the facility's program goals, employees' access to Vocational Rehabilitation Services (VRS), employees' access to reasonable accommodations (RA), employees' access to Assistive Technology (AT) and employees' choice in work assignments. Secondary areas of focus are: facility policies on clients' rights and facility grievance policies regarding pay (hourly vs. piece rate).

During this quarter, IPAS surveyed Red Oak Industries (Columbus, IN), who does have a 14c certificate from the U.S. Department of Labor, but pays all of its workers minimum wage or more. The program employs 63 people, half of whom are people with disabilities who work from part-time to full-time hours. The employer provides AT and RA through the interactive process. Employees have choices in terms of job assignment and have the opportunity to move to other positions in the organization.

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IPAS has surveyed seven workshops, including Red Oak Industries (Columbus IN), Carey Services (Marion IN), RISE (Angola IN), Hillcroft Services (Muncie IN), Rauch, Inc. (New Albany IN), New Hope Services (Jeffersonville IN) and Anthony Wayne Services (Fort Wayne IN). Questionnaires were sent to the facility-based work centers for IPAS's review prior to the visits. An additional questionnaire was then completed by IPAS during the surveys. The following data were collected from these visits:

- Indiana Vocational Rehabilitation Services Involvement: Five programs reported that VRS assists their clients in moving to community jobs.
- AT and RA: Five of the facilities had in-house policies or employee handbooks that address the provision of AT or RA. All seven programs gave specific examples of how they have accommodated their employees as needed.
- Sub minimum wages paid at the workshops ranged from \$0.01/hour-\$6.71/hour.
- Client choice: All of the centers reported that individuals involved in work activities have a choice in the type of work that they engage in at the facility. Five of the programs had written policies explaining the clients' rights to choose or decline certain jobs.
- Safety: Each facility reported they have a training curriculum for all work assignments at the facility. They also provide ongoing training on their safety measures.
- Average age range of participants was 41-59 years of age.
- Federal contracts: One program reported it does federal contract work
- Approximately 1000 people receive sub-minimum wages at six of the programs. Advocates interviewed approximately twenty individuals while on site. Many interviewees reported that they enjoyed working at the facility-based work centers. Some of them reported that they would like an opportunity to work in their communities.
- The facilities reported that a total of nine individuals "graduated" from their sub-minimum wage jobs to jobs in the community in the last year.

In March 2014, IPAS contacted Posey County Rehabilitation Services, Gibson County ARC and Goodwill Industries of Central Indiana to provide questionnaires and to schedule upcoming monitoring visits.

Priority 4 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

401 Respond to requests for information and referral and technical assistance to individuals with intellectual disabilities/developmental disabilities, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

IPAS provided information and referral services to 76 individuals during the 2014 second quarter. During this quarter, the IPAS website received 8,523 visits, with 4,907 being from new visitors. Fifty of those visitors were directed to IPAS from Facebook, 22 from Indiana University, 22 from NDRN, 16 from Mental Health America of Indiana, 12 from Arc of Indiana and eight from In*Source, meaning IPAS was accessed from a link on these other entities' web pages. An average visitor stayed on IPAS's site for about six minutes.

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Please note the state has upgraded the software used to track activity associated with a website. While this new program is considered superior in many ways comparison to prior years' data should be viewed with caution as the method used to define and collect data has changed.

PADD Report End

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I. STATISTICS

Informational Inquiries	159
Cases Carried over from Previous Quarter	68
New Cases Opened	32
Total Clients Served	100
Total Number of Individuals Served	259
Cases Closed at End of Quarter	22
Cases on Hand at End of Quarter	78

II. REPRESENTATIVE CASE

“Lisa” is a resident of Richmond State Hospital (RSH). Lisa reported to IPAS that she had been inappropriately restrained by staff which caused her injury. IPAS’s review of Lisa’s records at RSH reflected that the restraint had been documented, as was the complaint Lisa filed reporting the injury she sustained during the process. Records also indicated that Lisa was only restrained after staff had unsuccessfully attempted various de-escalation methods.

It was shortly after Lisa was released from the restraints that she complained of an injury. Staff reported Lisa’s complaint to the unit physician. The unit physician examined Lisa but did not find any sign of injury. Several days of health assessments were completed following the initial examination. No injuries were found during the follow-up assessments, nor did Lisa further complain of the injury.

IPAS reviewed RSH and the Department of Mental Health and Addiction (DMHA) policies regarding the use of restraint. It was determined that RSH’s physical act of the restraint was utilized consistent with current RSH policies, and the attending staff had followed the required procedures.

However, IPAS’s assessment also determined that RSH had not reported this alleged abuse and/or neglect incident to DMHA. Not reporting such an allegation is a violation of DMHA reporting requirements. RSH’s stated justification for not reporting the incident was that since RSH had reviewed the incident and had not substantiated abuse, there was no requirement or duty for RSH to report. IPAS reported its concern regarding this failure to report to DMHA. DMHA has since provided RSH direction as how to correct its reporting practices concerning patient and/or staff allegations of abuse and/or neglect. RSH is now acting in compliance with DMHA reporting requirements, and is reporting all injuries, regardless of the type or source of the injury, and without regard to whether RSH’s internal investigatory process substantiated any form of abuse, neglect or other inappropriate conduct on the part of RSH staff.

III. LEGAL

Department of Correction lawsuit: The litigation against the Indiana Department of Correction (IDOC) has continued into the remedy phase. The “Order” issued by Judge Tanya Walton-Pratt on December 31, 2012 found that IDOC had violated the Constitutional rights of inmates with serious

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mental illness (SMI) through its deliberate indifference to their need for care, and continued harm caused by the segregation of those with serious mental illness. On February 26th, Judge Tanya Walton-Pratt, court staff, and counsel for both parties toured the newly opened Pendleton mental health facility and services buildings. As of the date of the tour, IDOC had completed renovations on "C" building in "I" complex; opened the building; had populated the building with 40 SMI inmates from several IDOC facilities within the State; and opened the mental health services building where meetings with counselors, group and individual therapy sessions and other related activities occur. IDOC explained that new inmates to the program are chosen from SMI inmates in segregation throughout the state; that priority is being given to SMI inmates approaching release from IDOC to attempt to prepare them for release into the community; that there is evaluation and movement of inmates within the system to prepare the inmates for inclusion into the new program; that new inmates are initially housed in one-half of "C" building, with this placement referred to as "A & O", where initial intake and transition occurs; that if transition goes well, inmates then transfer to the other half of the building with increased freedoms; that a monitored electronic recording system to verify regular 30 minute cell checks has been installed, which was witnessed during the visit; that IDOC has implemented a system of inmate mentors; and that there are currently seven mentors split between the two halves of "C" building.

On or about March 1st, "A" building opened and began to receive new inmates. Buildings "B", "D" and "E" will be opening on a staggered schedule over the next few months. Each residential building can house up to 44 inmates, and are split into two halves for custodial management. It was confirmed through conversations with inmates and mentors, that inmates in the program are now out of their cells for most of the day, excluding night hours; that the inmates are participating in one or more of the current six various therapy programs that have been started in the facility and are conducted at the renovated mental health services building; that the inmates are now taking all meals in the general population chow hall with other non-SMI inmates; that the inmates are being provided with television and other recreational opportunities, as well as weekly access to a free barber; access to the law library twice each week; and are receiving various other services.

Conversations with custodial staff evidenced individuals who have been specifically selected, and in most cases volunteered, for this responsibility; that all custodial staff have received and continue to receive training for their role in the facility; and appeared to display an appropriate, less correctional, stressed and adverse interaction with the inmates, in stark contrast to the nature of the facilities, inmates and correctional staff observed at various IDOC facilities over the past six years of this action. Informal discovery as to the New Castle Correctional Facility and its programs; Rockville and Indiana Women's Prison, insofar as services to female SMI segregated inmates and services; and copies of all training materials and all new and amended IDOC policies and procedures relevant to the new mental health facility and services remain outstanding from IDOC. ACLU Counsel, Ken Falk is pursuing that information currently. The parties filed a joint status report with the Court on March 14th based on the additional information provided through the tour. IPAS will continue to monitor development of the programs, facilities and related effect on inmates' care.

IV. FEDERAL REQUIRED DISCLOSURES

There were no additional grievances filed during the quarter, so for the year:

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The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year. Total: 0

The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues during this fiscal year). Total: 2

Both grievances concerned individuals currently being housed in an Indiana Department of Correction (IDOC) facility alleging lack of mental health treatment. Unfortunately, due to IPAS's ongoing litigation against the Indiana Department of Correction (IDOC), both individuals are members of the class defined in the litigation. During the pendency of the litigation, due to trial rules governing the discovery of evidence, IPAS cannot take on new cases and continue adding individuals to the class of persons represented. The Executive Director upheld the decision to deny opening new cases for both individuals.

Total number of grievances appealed to Chairperson of the IPAS Commission Total: 0

V. MEETING STATISTICS OF MEMBERSHIP ATTENDANCE

Commission	Last meeting was held February 8, 2014	83.3% (10 of 12)	For the FFY Year, one meeting	85.7%
MIAC	Last meeting was held November 4, 2013 February's meeting had to be canceled due to the lack of a quorum.	100 % (10 of 10)	For the FFY Year, one meeting	100 %

VI. PRIORITIES AND OBJECTIVES

Priority 1 Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.

Objectives:

101 Review allegations of abuse or neglect of individuals residing in a facility operated by Indiana Department of Mental Health and Addiction and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

IPAS began the second quarter with eight open cases and opened eight additional service requests. Eight service requests were completed and closed, leaving eight cases carried over into the next quarter.

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IPAS continues to visit and monitor each adult state hospital for incidents of patient abuse and /or neglect. Visits include checking for IPAS signage and patient access to the internal grievance forms and process. Advocates are available to patients to discuss and report concerns, ask questions and receive other information as requested. Common topics that patients approach advocates about are court commitments, discharge, treatment plans, family involvement and religious programming. This quarter, four service requests were opened following these monitoring visits.

Within the closed service requests, IPAS's advocacy efforts resulted in these systemic outcomes:

At Evansville State Hospital (ESH), while IPAS staff was unable to substantiate "Joyce's" allegation of neglect regarding her exposure to inappropriate sexual behavior of another resident, IPAS intervention did result in a systemic change. ESH did investigate Joyce's allegations but did not report the allegations to the Division of Mental Health Administration (DMHA) or Adult Protective Services (APS). ESH stated that it did not report the alleged abuse to DMHA or APS because it staff viewed such allegations as a symptom of Joyce's psychosis and sexually based delusions. IPAS staff raised concern that ESH policy requires that allegations of staff abuse be reported to DMHA, and that Indiana law which created and defines APS requires the reporting of such allegations to the local APS office. The assigned advocate corresponded with ESH administration on this issue, requesting that all allegations of indecent exposure/obscene behavior need to be considered an allegation of abuse/neglect and should be reported to APS and DMHA. ESH administration agreed to comply with IPAS's requests by investigating and reporting all future allegations of indecent patient behavior to APS and DMHA.

The father/guardian of a patient at Larue D. Carter Memorial Hospital (LCH) called IPAS and alleged that the patient had been a victim of sexual abuse while a resident at the facility. Client's father was notified of the sexual abuse by LCH staff and the client confirmed the incident. The incident occurred during a school break at LCH, while the client was paired with another male resident to use the restroom. LCH's investigation substantiated that their staff was had neglected the client in failing to properly supervise the alleged perpetrator at all times. Documentation showed that on several occasions, the client and another boy were permitted to go to the bathroom unsupervised, even though the other boy was on 1:1 supervision. Ultimately, in response to this act of neglect, both supervising staff members were terminated. Because of IPAS advocacy efforts, systemic changes were achieved. Additional signage was installed in the school hallway and restroom doors to remind staff and residents that the restroom is to be occupied by only one individual at a time. Procedural changes resulted in the doors being locked at all times, requiring staff to unlock the door which facilitates staff monitoring of who and how many enter the restroom at one time.

At Richmond State Hospital (RSH), "Sharon" reported that RSH administration had failed to provide her with a safe environment following a physical attack by another resident. Neglect was found based on facility staff permitting the resident who attacked her to return to the same pod area, providing her no safe haven following the attack. RSH administration acknowledged that policies had not been followed, but insisted that this was an "isolated incident." The abuse/neglect policy and its requirements for protection of the residents were reemphasized to RSH staff when dealing with an alleged battery/assault incident. It was also found during fact finding that patient-on-patient violence at RSH was not being reported to APS, the DMHA or any other entities outside the facility. Just as IPAS had found at other facilities, there appeared to be an administrative interpretation of DMHA policy as to when an incident was to be reported to the central office. At RSH this meant that staff

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were operating under the belief that since the client did not suffer serious injury and did not require more than first aid there was no need to report the incident to DMHA. Based on IPAS' involvement and advocacy, RSH's policy was changed to provide for immediate protection of the abused/neglected individual regardless of whether staff or patient was the source of the threat. All incidents of alleged abuse/neglect, regardless of whether they result in serious injury, are now reported to DMHA.

102 Review allegations of abuse or neglect of individuals residing in Community Mental Health Centers and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

IPAS began the quarter with two open cases and opened four additional service requests. Two service requests were completed and closed, leaving four cases carried over into the next quarter.

In both cases closed during the quarter, the client chose to self-advocate and withdrew their authorization for IPAS to act in their behalf.

103 Review allegations of abuse or neglect that resulted in the death of an individual who resided in a mental health treatment facility.

IPAS began the quarter with two open cases and did consider one new report but found insufficient evidence to invoke IPAS's probable cause authority; therefore, no additional service requests were opened. One service request was completed and closed, leaving one service request still open for next quarter.

In the one service request that was closed, IPAS' review found that DMHA current policy was properly followed by Madison State Hospital after the resident's death. The facility's own review determined that there was no indication that staff actions had contributed to the resident's death. This was consistent with IPAS's conclusion.

104 Review allegations of inappropriate use of restraint or seclusion and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

IPAS began the quarter with three open cases and opened three additional service requests. Two service requests were completed and closed, leaving four cases carried over into the next quarter.

One service request was used as this quarter's representative case. In the other closed service request, IPAS's review found that the use of restraint was done in compliance with all facility standards and requirements contained in its policy, which meets standards found in the federal regulations for such facilities. The client chose to self-advocate, withdrew their formal, internal grievance and chose not to file any outside complaints.

106 Continue to represent prisoners with serious mental illness in class action lawsuit to diminish the use of segregation.

The litigation against the Indiana Department of Correction (IDOC) has continued into the remedy phase since the "Order" issued by Judge Tanya Walton-Pratt on December 31, 2012.

On February 26th, Judge Tanya Walton-Pratt, Court staff, and counsel for both parties toured the

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newly opened Pendleton mental health facility and services buildings. As of the date of the tour, IDOC had completed renovations on "C" building in "I" complex; opened the building; had gradually populated the building with 40 seriously mentally ill (SMI) inmates from several IDOC facilities within the State; and opened the mental health services building where meetings with counselors, group and individual therapy sessions and other related activities occur. IDOC explained that new inmates to the program are chosen from SMI inmates in segregation throughout the state.

Priority is being given to SMI inmates approaching release from IDOC to attempt to prepare them for release into the community. Prior to their transfer to Pendleton, there is evaluation and movement of inmates within the system to prepare the inmates for inclusion into the new program. New inmates are initially housed in one-half of "C" building, and this placement is referred to as "A & O". Initial intake and transition occurs during their time in "A & O". The transition process in "A & O" usually takes seven days or less. If transition goes well, then inmates are transferred to the other half of the building with increased freedoms. Additionally, IDOC has installed a monitored electronic recording system to verify regular 30 minute cell checks has been installed, the use of which was witnessed during the visit; a system of inmate mentors has been implemented into the system by IDOC; and that there are currently seven mentors split between the two halves of "C" building.

On or about March 1st, "A" building opened and began to receive new inmates. Buildings "B", "D" and "E" will be opening on a staggered schedule over the next few months. Each residential building can house up to 44 inmates, and are split into two halves for custodial management. It was confirmed through conversations with inmates and mentors that inmates in the new program are now out of their cells for most of the day, excluding night hours. Inmates are participating in one or more of the current six various therapy programs that have been started at the facility, and are conducted at the renovated mental health services building. Additionally inmates are now taking all meals in the general population chow hall with other non-SMI inmates. In addition, inmates are being provided with television and other recreational opportunities, as well as weekly access to a free barber; access to the law library twice each week; and are receiving various other services.

Conversations with custodial staff evidenced individuals who have been specifically selected, and in most cases volunteered, for this responsibility. All custodial staff has received and continues to receive training for their role in the facility, and appeared to display an appropriate, less correctional, stressed and adverse interaction with the inmates. This is a stark contrast and significant change to the nature of the facilities, inmates and correctional staff observed at various IDOC facilities over the past six years of this action.

Informal discovery is pending as to the New Castle Correctional Facility; services to female inmates at Rockville and Indiana Women's Prison, insofar as services being provided, segregation and other issues; and copies of all training materials and all new and amended IDOC policies and procedures relevant to the new mental health facility and services. ACLU Counsel, Ken Falk is pursuing that information currently. The parties filed a joint status report with the Court on March 14th based on the additional information gathered through the tour/visit. IPAS will continue to monitor development of the programs, facilities and related effect on inmates care through its role in the litigation.

108 Review allegations of abuse or neglect of individuals residing in facilities designated as a psychiatric residential treatment facility (PRTF)59

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IPAS opened no requests for services during the quarter while three service requests had been carried in from the prior quarter. No service requests were closed, thus three service requests were carried into the third quarter.

Priority 2 To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.

Objectives:

202 Review allegations of rights violations and discrimination under the Fair Housing Act, ADA (recreational opportunities only) or failure of a provider to obtain informed consent prior to treatment.

For the quarter, IPAS began with two open cases, and opened two additional service requests. No service requests were completed during the quarter, leaving four cases for the start of the next quarter.

204 Review allegations of treatment rights violations of individuals with mental illness.

IPAS began the quarter with two open cases and opened three additional service requests. Two service requests were completed and closed, leaving three cases carried over into the next quarter.

IPAS assistance resulted in the preservation of “Ryan’s” Medicaid services. In this case IPAS intervened on behalf of Ryan, who upon his 18th birthday had been determined by Family and Social Services Administration (FSSA) as having shown “significant improvement” thus, he no longer met the medical assistance definition of disability. IPAS contacted the FSSA’s Medical Determination Review Team prior to the administrative hearing in an attempt to informally resolve Ryan’s case. The physician’s reports were provided to the review team. In addition, IPAS expressed concerns that Ryan’s rights had been violated by the FSSA’s determination of ineligibility despite evidence that his disability was long term and not expected to improve. FSSA reversed its decision and Ryan’s Medicaid was reinstated.

In the other case, IPAS received an allegation that a local community mental center (CMHC) had denied services to an individual with mental illness. After the provider became aware of IPAS’s involvement, the CMHC provided the client with a placement in a group home setting, following which the client withdrew their request for services from IPAS.

205 Review allegations on behalf of individuals residing in state operated facilities when there is proposed or instituted restriction of a conditional right.

For the quarter, IPAS began with five open cases, and opened six additional service requests. Two service requests were completed during the quarter, leaving nine cases for the start of the next quarter.

In one case, the advocate assisted the client in filing an internal complaint regarding an alleged conditional rights violation. The client specifically alleged that they had been denied access to their

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personal property. The resulting investigation concluded with the facility's return of those items to the client. In another case, the client chose to self-advocate and withdrew their formal internal grievance, choosing not to pursue any outside complaints.

209 Review allegations on behalf of students where the school is not providing appropriate educational services.

For the quarter, IPAS began with 11 service requests and opened six additional service requests. Five service requests were completed and closed, leaving 12 cases for the start of the next quarter.

Within the closed service requests, IPAS' advocacy efforts resulted in these outcomes:

"George" was found to be eligible under the provisions of Section 504 of the federal Rehabilitation Act. Based on IPAS' intervention and advocacy, the school agreed to the requested accommodations. The 504 plan was revised to include extended time for written assignments, highlight-spelling lines and that illegible handwriting will be scored orally on all local assignments and tests. Additionally, George will be allowed extended time for the written portions of the ISTEP test.

"Ralph's" parents contacted IPAS with allegations that he was being bullied at school. Although, IPAS could not substantiate that the Ralph was being bullied, IPAS staff did identify deficiencies in Ralph's Individual Education Plan (IEP). Prior to IPAS' involvement, the school would suspend Ralph when he displayed what they considered inappropriate outbursts. Because of IPAS' intervention, appropriate services, including weekly meetings with the school behaviorist to help Ralph develop more acceptable ways to deal with his anger and frustration, were included in his IEP.

In the other three cases closed during the quarter, the guardians chose to self-advocate and withdrew their requests for IPAS' services.

Priority 3 Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations.

Objectives:

301 Participate on the Resident/Human Rights Committee meetings of the facilities operated by the Indiana Department of Mental Health and Addiction.

During the quarter, IPAS staff attended 11 meetings held at the various state operated facilities (SOF).

Evansville State Hospital (ESH). IPAS attended and participated in each of the three ESH Human Rights Committee meetings held this quarter. IPAS discussed and advocated for ESH residents who are cooperating with their treatment programs to be permitted to have 15 or 20-minute telephone calls. The request for increased telephone time would be submitted to the residents' treatment team who

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would either approve or deny the request based on the individual's program attendance and cooperation with treatment. This discussion stemmed from a grievance filed by an ESH resident who had requested a 15 or 20-minute phone call to his mother every month. The HRC agreed that residents could submit their request for longer phone calls to the treatment teams who would approve or deny the request on an individual basis. IPAS staff found that there was no indication that ESH was arbitrarily denying the residents basic conditional communication rights, but rather was advocating for consideration be given to lengthening time limits on a case-by-case basis.

Evansville Psychiatric Children's Center (EPCC). IPAS attended the two Human Rights Committee (HRC) meetings held during this quarter. In addition to review of individual grievances, the EPCC HRC reviewed two Human Rights Restriction Notification forms in which two separate residents had the doors to their rooms and closets removed due to the individuals exhibiting behaviors that posed to them a significant safety concern. The HRC reviewed the notifications and was in agreement with the placement of the restrictions based on the risk of harm involved with the behaviors. These restrictions were lifted in late February and early March.

Logansport State Hospital (LSH). IPAS attended two of the three Human Rights Committee meetings held at LSH during this quarter. In addition to the reviewing individual grievances with the committee, the Senior Executive Board rescinded LSH Policy H-32, Conflict Of Interest. Pertinent information from this policy has been directly added to the Human Rights Manual which has now been updated for 2014. Also during this quarter, LSH policy A-19 (Cameras and/or Recording Devices, Use of) was reviewed. There was one typographical error found within, which was noted and corrected, and forwarded to administration for final approval.

LaRue Carter Memorial Hospital (LCH). Larue Carter Hospital (LCH) Superintendent, Larry Lisak, resigned from his position during this quarter. It was eventually announced that Eric Heeter, who has been at LCH for several years, had been appointed as the new LCH Superintendent. IPAS met with Mr. Heeter to advocate for the reinstating of a Human Rights Committee (HRC) at LCH. Mr. Heeter indicated that would consider the reinstatement and inform IPAS of his decision at a later date.

Madison State Hospital (MSH). IPAS attended one of the three Human Rights Committee meetings held at MSH during this quarter, during which IPAS has provided to a working subcommittee wording on proposed changes the MSH grievance procedure. IPAS Legal assisted in providing input regarding the revisions being made to this policy. At the closure of the quarter, the final revised policy had yet to be approved, so it was unclear what suggestions or influence IPAS' efforts had been realized.

Richmond State Hospital (RSH). IPAS attended and participated in each of the three RSH Human Rights Committee meetings held during this quarter. During the review of individual grievances, IPAS raised concerns that some of the resolved complaints were not fully documented or that attempted contact with the grieving party/resident had not been documented. Additionally, IPAS advocated for a client to be allowed to attend the HRC meeting during which their issues were to be

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addressed. The client did attend the meeting and was able to advocate on their own behalf. The resulting HRC determination supporting the client's concern that they not be required to attend a particular class, and the issue was then to be forwarded to Dr. Josh Nolan, Interim Superintendent, for his review.

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the rights of individuals with mental illness.

During the quarter, IPAS staff attended five meetings held of the selected committees, groups or task forces.

Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI).

Mental Health America of Greater Indianapolis Adult Guardianship committee was scheduled to meet once during this quarter. The meeting was cancelled, however, due to severe weather.

Indiana Criminal Justice Institute (ICJI), Stop Implementing Planning Group. During the second quarter, IPAS as a committee member, provided input regarding disability rights issues to the Indiana Criminal Justice Institute's (ICJI) STOP Implementation Plan, a three –year strategic plan. STOP stands for (Services*Training*Officers*Prosecutors).

IPAS was able to provide resources and information regarding the rights of individuals with disabilities so that the needs and rights of individuals with disabilities is considered in the implementation of programs that address domestic violence and sexual assault. IPAS also provided information regarding what kind of rights barriers individuals with disabilities who are also victims of domestic violence may face.

IPAS recommended that services provided by domestic violence programs have equal access for individuals with disabilities. IPAS assisted in the identification of priorities, goals, and objectives including recommending that there are training opportunities for law enforcement officers, court personnel, prosecutors and service providers to more effectively identify and respond to the needs of individuals with disabilities. The result of IPAS's effort was that the planning committee identified people with disabilities as a targeted underserved population for whom grant-seekers must have programs to address their needs.

Indiana Adult Guardianship State Taskforce- IPAS attended the Indiana Adult Guardianship State Task Force (IAGST) quarterly meeting. The group spent some time discussing the new legislation which allows guardians to file for divorce on behalf of wards. The group also discussed efforts to create a guardianship registry across the state with the help of the Division of State Court Administration. IPAS will continue to attend and participate in future IAGST meetings to contribute to these discussions, as well as participate in other functions the group performs.

Priority 4 Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights

Objectives:

401 Conduct training concerning the civil and disability rights of individuals with mental

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illness for family members.

During the second quarter, there were no education/training events held.

402 Conduct resident rights training for consumers at selected Community Mental Health Centers.

During the quarter, IPAS staff conducted 11 trainings attended by 104 residents among five different Community Mental Health Centers.

405 Support the education and training events of consumer-based organizations holding events for consumers to increase their awareness of disability rights.

During the quarter, IPAS provided a \$1000 sponsorship to National Association of Mental Illness (NAMI) of Indiana to support the NAMI of Indiana 11th Annual Mental Health and Criminal Justice Summit. The conference was held on Friday March 21, 2014.

406 Support the creation of a Crisis Intervention Team program in an Indiana Law Enforcement entity.

IPAS has made efforts to contact entities and offer support and assistance, but to date there have been no requests for IPAS assistance.

Priority5 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

501 Respond to requests for information and referral and technical assistance to individuals with mental illness, their families, and professionals that are requesting information concerning disability rights and provide technical assistance concerning the exercise of these rights.

General Problem area as coded in the IPAS Data base (DAD)	2nd Quarter's Total	
Abuse	23	14.5%
Education	7	4.4%
Employment Discrimination	4	2.5%
Healthcare	4	2.5%
Housing	11	6.9%
Neglect	31	19.5%
Not Selected*	54	34.0%
Rights Violations	25	15.7%
Grand Total	159	

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*Not Selected includes those Informational and Referral contacts not entered into the DAD database. Typically, support staff addresses these contacts, which include requests such as a specific provider's telephone number or for IPAS publications. These contacts lack sufficient information to allow entry of the General Problem into the DAD database.

PAIMI Report End

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I. STATISTICS

Informational Inquiries	122
Cases Carried over from Previous Quarter	22
New Cases Opened	25
Total Clients Served	47
Total Number of Individuals Served	169
Cases Closed at End of Quarter	10
Cases on Hand at End of Quarter	38

II. REPRESENTATIVE CASE

“George,” age 52, lives in an apartment complex in Indianapolis and utilizes a wheelchair. George contacted IPAS because he was unable to access his apartment complex’s business office. He explained that there were steps at the front entrance making it inaccessible to a person utilizing a wheelchair.

IPAS conducted a site visit and contacted the apartment management about George’s concerns. An accessible ramp was already constructed at the rear of the building, but was located by the apartment pool behind a locked gate. A resident without the necessary key or a visitor would be unable to access this ramp. Additionally, there was no signage indicating the availability of this accessible ramp. Apartment management agreed to erect a sign and door bell at the front of the building and at the locked gate. The signs indicate the location of the accessible entrance. An individual can ring the door bell to alert staff that someone needs to use the accessible entrance at the rear of the building.

As a result of IPAS advocacy, George can now enter the business office at his apartment complex. Visitors with mobility issues will also now have an opportunity to utilize the accessible entrance to the business office.

III. LEGAL

Administrative Hearing: An IPAS client, through his legal guardian, wanted to go to an out of state rehabilitation center specifically designed for someone who has had a traumatic brain injury (TBI). The rehabilitation facility submitted a pre-authorization application to Medicaid to pay for this rehabilitation which was denied. FSSA found that the client did not have a TBI because his injuries were a result of having brain tumors not a traumatic injury or an anoxic event, meaning loss of oxygen to the brain. IPAS conducted extensive fact finding and determined that while the client did have a brain tumor he also had a fall while at a rehabilitation center for which he was hospitalized and given a CT scan. He also had an anoxic event while recovering from surgery. We were able to get letters from two doctors where the doctors diagnosed our client as receiving a TBI from these events. Both doctors also found that it was medically necessary and a part of generally accepted medical practice for him to receive the rehabilitation offered at the out of state facility. They found this facility could offer him a chance to rehabilitate that in state facilities could not. It is our belief that this testimony means all the regulatory requirements for approval of the pre-authorization request have been met and he should be approved.

We learned that FSSA planned to argue that the guardian had not submitted his appeal timely. The appeal was filed prior to IPAS representation. The assigned IPAS attorney researched this issue and found that the appeal was filed timely. The Medicaid regulation states that a person has 33 calendar

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days from date of notice to file the appeal. The denial letter was dated October 30, 2013, postmarked Monday, November 4, 2013 and the appeal was filed December 4, 2013. Date of notice is not defined in the Medicaid Regulations but is defined in Indiana's Administrative Orders and Procedures Act (AOPA) which controls the rules for Administrative Hearings. In AOPA, date of notice is the date that the letter was deposited in the mailbox, plus three additional days are allowed to receive the letter. So, the end date should have been 36 days after November 4, 2013, and the appeal was filed well within that deadline. Unfortunately, the Hearing Officer decided to count the date of notice as the date on the letter and not grant three extra days for mailing. Therefore, she ruled that an appeal was not timely filed and dismissed the case. No explanation was given in the decision for not following AOPA.

IPAS believes that this decision is erroneous and we would be successful if it were appealed. We discussed the various options with the guardian and he decided that the option that is best for the client is to reapply. The client could reapply right away and IPAS believes that application could be done better this time. Specifically, it would include the doctors' recommendations diagnosing the client with TBI and explaining the medical necessity of the rehab center. The timing would be quicker as completing Judicial Review is a lengthy process. Finally, a successful Judicial Review would result in a new hearing. If the new pre-authorization application is denied again it would also result in a new hearing only quicker and based on a better application. IPAS agreed to assist in submitting the new application.

IV. PRIORITIES AND OBJECTIVES

Priority 1: Reduce or eliminate abuse and neglect of individuals with disabilities.

101 Review 20 allegations of abuse and neglect on behalf of individuals with disabilities to ensure that the allegation is reported to the responsible entities and advocate that necessary actions are taken to protect the health, safety and welfare of the individual.

Four service requests were opened this quarter and three were closed. Four service requests remain open. The three closed service requests this quarter resulted from the clients electing not to pursue the allegation and not providing IPAS with consent to proceed.

Priority 2: Reduce or eliminate discrimination or the denial of rights due to disability.

201 Review 30 allegations of discrimination under the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination law.

Six service requests were opened this quarter and six were closed. Fifteen service requests remain open.

Outcomes achieved for the closed service requests this quarter included:

- Successfully advocating for an apartment complex to provide appropriate accessible parking and to allow the client to build a ramp to replace a step to his apartment, in compliance with the Fair Housing Act;
- Reviewing an allegation that a client was not provided a reasonable accommodation of an adjustable height table for a hearing with Indiana Vocational Rehabilitation Services;

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- Reviewing an allegation that a local hardware store denied the client entry with a walker; and
- Assisting a client with filing a complaint with the United States Department of Justice against a local tavern for a lack of accessibility.

203 Review three allegations of disability based discrimination that may have systemic implications.

Two new projects were opened this quarter and none we closed. Eleven projects remain open under this objective.

The first project involves IPAS's survey of the National Railroad Passenger Corporation, d/b/a Amtrak stations in Indiana. When the Americans with Disabilities Act (ADA) was enacted in 1990, Amtrak was given 20 years to make its rail system (trains and stations) fully accessible. It has been 23 years since the ADA became law and Amtrak is still largely inaccessible to individuals with a disability. Even today, Amtrak refuses to sell tickets to individuals with a disability to some destinations because there is no way for those individuals to get off the train once they arrive. While accessibility problems exist nationwide, this project was limited to accessibility concerns found at stations located in Indiana. In the fourth quarter of last fiscal year, IPAS, in coordination with NDRN and other protection and advocacy systems across the country, surveyed the accessibility of Amtrak train stations. IPAS surveyed all 11 Amtrak locations in Indiana for compliance with the relevant accessibility laws, including the ADA, and found accessibility concerns at all locations. These 11 locations include stations in Connersville, Crawfordsville, Dyer, Elkhart, Hammond-Whiting, Indianapolis, Lafayette, Michigan City, Rensselaer, South Bend, and Waterloo. IPAS submitted its results in a complaint to the United States Department of Justice (USDOJ), requesting that the USDOJ fully investigate these claims and ensure that Amtrak make the necessary changes to stations in Indiana to become fully accessible to individuals with a disability. There has been no new activity for this project this quarter. IPAS awaits contact by the USDOJ concerning that disability discrimination complaint.

The second project involves accessibility at Gas America convenience stores and gas stations. Gas America was acquired by Speedway LLC, the nation's fourth largest company-owned and operated convenience store chain and an indirect wholly owned subsidiary of Marathon Petroleum Corporation. IPAS legal continues to correspond with legal counsel from Speedway to discuss the accessibility problems found at the Gas America locations prior to the Speedway acquisition and to ascertain how that company has addressed or plans to address any ADA compliance issues at these newly-acquired locations.

The third project involves surveying street parking areas located near the Indiana Statehouse for compliance with applicable accessibility laws. Due to the weather, IPAS has been unable to conduct survey activities on this project. IPAS anticipates surveys will be complete in the third quarter.

The fourth project was opened to ensure that a Wishard Memorial Hospital policy concerning service animals was compliant with the relative provisions of the ADA and Indiana law concerning service animals. This quarter, IPAS legal sent Eskenazi Health a letter informing them that the Eskenazi policy contradicts the ADA and requested that appropriate changes be made. Eskenazi did amend the policy to be compliant with the ADA. That project will be closed next quarter.

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The fifth project involves reviewing the accessibility of an outdoor exhibit at the Indianapolis Museum of Art. That entity has committed to making changes and modifications to the pavilion, the signage, and paths. IPAS will ensure that the appropriate changes have been made in the coming quarters.

The sixth project was opened to review the accessibility at four Indianapolis bowling centers. The goal is for these highly visible recreational centers to make any needed changes to their locations to bring them into compliance with the ADA. This quarter, IPAS surveyed the locations not previously surveyed for compliance with the 2010 ADA Standards for Accessible Design. IPAS legal sent the owner a letter detailing the compliance issues found and requesting a cooperative dialogue toward a mutually satisfactory resolution of the compliance issues. IPAS is still awaiting a response.

The seventh, eighth and ninth projects remain open to advocate for business parking lots found to be out of compliance with ADA to make necessary corrections.

The tenth project, and one of the new projects opened this quarter, was opened in response to a National Center for Access to Justice (NCAJ) report finding that Indiana ranked last in the use of best practices for making courts available to individuals with disabilities. IPAS reached out to the Division of State Court Administration (DSCA) to make them aware of the report and to begin a dialogue to better improve the use of best practices in Indiana courts. The DSCA responded favorably and invited IPAS to meet with DSCA about ways to address the findings in the report. A meeting has not yet been formally set. IPAS also contacted NCAJ to inquire about more information that IPAS could use in discussions with DSCA. The NCAJ responded that it was currently assigning attorneys to each state to help address concerns. The NCAJ invited IPAS to be the contact for issues relating to access to the courts for individuals with disabilities. The NCAJ Executive Director indicated that discussions would start soon after the attorneys were appointed. IPAS will be a part of those discussions.

The eleventh project, and one of the new projects opened this quarter, was opened to review and advocate for changes in the tuition refund policy at Indiana University, should the policy be found overtly restrictive in the application concerning individuals with disabilities.

204 Review allegations on behalf of five students where the school is not providing appropriate educational services.

Fifteen service requests were opened this quarter and one was closed. Seventeen service requests remain open.

Priority 3: Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights.

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, advocates, and/or service program providers.

During the second quarter, there were three education/training events and no public information activities under this objective, reaching approximately 40 individuals. There were 58 agency-wide

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education/training events and public information activities (AW202) introducing IPAS services, including PAIR, to approximately 2760 individuals.

Additionally, a project remains open under this objective to conduct resident rights training - focusing on abuse/neglect and grievance procedures - at select Indiana nursing facilities.

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the rights of individuals with disabilities.

IPAS now participates in five committees, groups or task forces under this objective. IPAS continues to participate in the ADA-Indiana Steering Committee and the Back Home in Indiana Alliance Steering Committee. This quarter, IPAS has additionally begun to participate in the Indiana Task Force on Disability and Health, the Adult Guardianship Task Force, and the Indiana Criminal Justice Institute's (ICJI) STOP (Services, Training, Officers, Prosecutors) Implementation Planning Group.

ADA Steering Committee: IPAS was represented at all three meetings during the quarter. Throughout the quarter, the committee's focus included the ongoing ADA Audio Conference series sponsored by ADA Indiana and the Disability and Business Technical Assistance Center (DBTAC); the Legal Issues Webinar Series; ADA Community grants that are available to entities wanting to promote accessibility in their communities; ongoing referrals; and technical assistance and information dissemination. New business included a discussion of the spring 2014 debut by Great Lakes ADA Training Network throughout the region and discussion of a possible committee retreat in fall 2014.

Back Home in Indiana Alliance Steering Committee: No new activity this quarter.

Indiana Task Force on Disability and Health: The Indiana Institute on Disability and Community received a contract from the Indiana State Department of Health to develop a task force and identify recommendations about decreasing health disparities among people with disabilities, with a particular emphasis on chronic health conditions of heart disease and stroke, cancer, diabetes, and chronic respiratory diseases (asthma) along with the behavioral risk factors that are associated with them. IPAS was invited to participate on this new task force, the Indiana Task Force on Disability and Health. The task force will meet monthly to respond to expert data on health disparities around chronic illnesses, share insights into the issues, needs and challenges associated with chronic illness among people with disabilities and, by end of September 2014, offer recommendations around priorities for further research and action. IPAS was represented at both meetings during the quarter.

Adult Guardianship Task Force: IPAS was invited to participate on the Adult Guardianship Task Force this quarter. The stated purpose of the task force is "to convene an interdisciplinary group of Indiana key stakeholders to examine the public policy, legal and service delivery issues, and needs related to adult guardianship and to support the development and provision of community-based adult guardianship services across the state. IPAS was represented at the task force quarterly meeting. The task force largely discussed the upcoming legislation allowing guardians to file for divorce on behalf of wards and about efforts to create a guardianship registry across the state with the help of the Division of State Court Administration.

Indiana Criminal Justice Institute (ICJI), Stop Implementing Planning Group. During the second quarter, IPAS as a committee member, provided input regarding disability rights issues to the

Protection and Advocacy of Individual Rights PAIR, Tom Crishon, Program Coordinator

Indiana Criminal Justice Institute's (ICJI) STOP Implementation Plan, a three –year strategic plan. STOP stands for (Services*Training*Officers*Prosecutors).

IPAS was able to provide resources and information regarding the rights of individuals with disabilities so that the needs and rights of individuals with disabilities is considered in the implementation of programs that address domestic violence and sexual assault. IPAS also provided information regarding what kind of rights barriers individuals with disabilities who are also victims of domestic violence may face.

IPAS recommended that services provided by domestic violence programs have equal access for individuals with disabilities. IPAS assisted in the identification of priorities, goals, and objectives including recommending that there are training opportunities for law enforcement officers, court personnel, prosecutors and service providers to more effectively identify and respond to the needs of individuals with disabilities. The result of IPAS's effort was that the planning committee identified people with disabilities as a targeted underserved population for whom grant-seekers must have programs to address their needs.

Priority 4: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

401 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

During the second quarter, IPAS responded to 122 PAIR information and referral inquiries.

PAIR Report End

Client Assistance Program CAP
Cathy Wingard, Program Coordinator

I. STATISTICS

Informational Inquiries	19
Cases Carried over from Previous Quarter	10
New Cases Opened	12
Total Clients Served	22
Total Number of Individuals Served	41
Cases Closed at End of Quarter	8
Cases on Hand at End of Quarter	14

II. REPRESENTATIVE CASE

“Sally,” an individual with a hearing impairment, contacted IPAS because Vocational Rehabilitation Services (VRS) had refused to provide the type of specialized hearing aids she needed to continue to work as a professional musician. Fact-finding revealed that VRS had assisted Sally by providing her with several types of hearing aids to use on a trial basis to establish which type might best fit her needs. Sally tried several models of hearing aids and found one brand that performed better when she was playing music. However, the ones that worked the best for her were not on the VR “approved” hearing aid vendor list to purchase. VRS denied her request for these hearing aids. IPAS determined that this denial contradicted the Federal Rehabilitation Act and agreed to assist Sally in appealing the decision. Prior to the hearing, VRS reversed its previous decision and provided Sally with the hearing aids that she needed to continue in her occupation.

III. LEGAL

Judicial Review: IPAS is representing a client in his appeal of the denial of educational financial assistance by Vocational Rehabilitation Services (VRS). VRS adopted a new process and calculation for determining the upper limit of financial assistance/need for post-secondary educational expenses in late 2011 without issuance of a new or amended policy or procedure. The primary argument in the case is that the Policy and Procedure Manual (PPM) used by VRS meets the Indiana common law definition of a “rule”; is subject to the “Administrative Rules and Procedures Act” (ARPA), and its rule promulgation provisions; that the PPM has not been promulgated; and therefore, under ARPA, the PPM is void. Based on the settlement reached in October 2013, through which IPAS’ client was reimbursed for his educational expenses as provided for in his Individual Plan for Employment, FSSA/VRS has now determined that it will promulgate its entire Policy and Procedure Manual (PPM) as a whole, rather than in parts over an extended period of time. Towards that end, VRS is now convening work groups to review, amend, and compile the PPM to be promulgated. IPAS has been invited to participate in these work groups, and IPAS staff is attending meetings and providing input it believes is appropriate and beneficial to IPAS’ constituency. Ken Falk, who is Counsel representing the class members, has stated that FSSA/VRS has targeted October 2014 to have the PPM ready for filing of notice to rule make, which is the first step in the promulgation process. The case will remain open based on the fact that IPAS client’s case is one of the named causes in the class action. IPAS will close the case upon the resolution of the class action claim through completion of promulgation of the PPM.

Administrative Hearing: IPAS has agreed to represent the client in the case described immediately above in a separate appeal on the same issue involving denial of educational assistance (tuition and books) for the Fall 2013 semester. FSSA/VRS declined to settle the individual reimbursement issue

**Client Assistance Program CAP
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along the same lines as was done in the above case, and is not admitting in the class action that it is legally required to promulgate its Policy and Procedure Manual (PPM). The administrative hearing for this case is now indefinitely continued pending the resolution of the class action in which the promulgation of VRS' PPM continues as an unresolved issue. IPAS cannot begin a separate litigation using the "Administrative Rules and Procedures" promulgation argument while the promulgation issue remains open and formally unresolved in the class action.

Judicial Review: IPAS is representing a client in the judicial review of Vocational Rehabilitation Services (VRS) denial of replacement hearing aids. The Administrative Law Judge determined that the client did not qualify for replacement hearing aids because the client did not have a substantially revised prescription, the client continues to have the same job duties, and is not being threatened with job loss. The client's initial judicial review petition resulted in the case being remanded to VRS, and subsequently VRS and the agency again denied the client's requested services. A second judicial review petition was filed and is now pending, and the record from the second administrative denial has been filed with the Court. After consultation with the client and another IPAS client that has a pending judicial review petition for denial of post-secondary educational assistance, IPAS counsel initiated a collaborative effort with the American Civil Liberties Union (ACLU). IPAS and ACLU attorneys agreed that the best way to address the issue of the lack of promulgation of the PPM was to file a class action to ask that the VRS PPM be declared void under ARPA. The parties have agreed to a settlement agreement where our client gets specific relief and now has received hearing aids. VRS is working on promulgating the rules and has set up several workgroups to go over specific language. They are including IPAS employees in several of these workgroups.

IV. PRIORITIES AND OBJECTIVES

Priority 1 Assure that eligible individuals receive appropriate Vocational Rehabilitation Services (VRS) and services through Centers for Independent Living (CIL)

Objectives:

101 Review complaints on behalf of individuals seeking employment services regarding VRS or CIL eligibility determination.

During the second quarter, IPAS received over 20 calls from individuals and agreed to assess the issues reported by four callers who reported that they were found ineligible for VRS services. At the end of the quarter IPAS continues to advocate on behalf of three individuals seeking employment services from VRS. IPAS did not receive any complaints with regard to services provided by the state CILs.

"Monica" is an individual with hearing impairment whose hearing aids were no longer working, causing her problems at her job. She contacted IPAS when VRS determined that her hearing loss did not meet the specific loss levels as set in VRS policy. She was found ineligible for VR services and ineligible for the provision of replacement hearing aids per the VRS policy. IPAS fact finding revealed that Monica was having great difficulty hearing on her job, as required to work with her customers, coworkers and supervisors. IPAS agreed to represent Monica as she appealed the decision. IPAS was able to obtain additional information describing how Monica's hearing loss had significantly impacted her job performance. Due to IPAS advocacy and representation at a hearing,

Client Assistance Program CAP
Cathy Wingard, Program Coordinator

VRS reversed its decision and determined that Monica was eligible for services. Monica will be assessed for replacement hearing aids and is now looking forward to being able to perform her work duties to the satisfaction of her employer.

Under this objective, IPAS also assisted a client to prepare for an appeal hearing by giving him information about VRS policies regarding eligibility and provision of hearing aids. In another case, IPAS provided technical assistance to a caller who was preparing to represent himself at a hearing.

Priority 2 Assure that Vocational Rehabilitation Services (VRS) and Centers for Independent Living (CIL) applicants and clients have the opportunity to make informed choices and fully participate throughout the VRS and independent living processes.

201 Review complaints regarding failure of VRS and CIL in providing choice to individuals seeking services under these programs.

IPAS received seven complaints this quarter about VRS's failure to provide "choice" as guaranteed by the Federal Rehabilitation Act. IPAS thoroughly reviewed each report and assisted in resolution of several complaints against VRS. There were no complaints received from consumers of services at the CILs.

"Choice" was afforded to individuals due to IPAS involvement in several cases this quarter. IPAS's involvement resulted in: assistance to an individual interested in applying for vocational rehabilitation services in another state; replacement of assistive technology equipment that had been authorized for a van modification but was not meeting the person's needs after installation because the vendor installed the wrong equipment; bringing to VRS's attention the use of an outdated medical evaluation for assessment purposes; and a request to be assigned to a different VRS counselor and job placement specialist.

202 Review the quality and completeness of Individual Plan for Employment documents developed by VRS as they relate to the individual's identified vocational services and supports as well as choice(s).

During this quarter, IPAS reviewed six Individual Plans for Employment (IPE) developed by the client and the VRS counselor to ensure that they reflected the individuals' choices in terms of employment outcome, services to be provided, and service providers.

203 Review the quality and completeness of Plan of Services documents developed by the CILs as they relate to the individual's identified services and supports as well as choice(s).

During this quarter, as there were no complaints received from consumers of CIL services, there were no Plans of Service reviewed.

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Priority 3 Assure that VRS continues to provide services as mandated per the Federal Rehabilitation Act of 1973 As Amended.

Objectives:

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices to assure compliance with the Rehabilitation Act of 1973 as amended.

This quarter, IPAS participated on the following commissions, councils, committees, and work groups that have systemic implications concerning policies and practices to assure compliance with the Rehabilitation Act of 1973 as amended.

VRS Commission. The Indiana Commission on Rehabilitation Services (the VRS Commission) met twice this quarter. The Policy Oversight and Planning and Evaluation Committee within the Commission reviewed six hearing decisions involving VRS applicant eligibility or VRS eligible participant choice and the policies referenced in those decisions. IPAS continues to chair this committee. Discussions were held with regard to the appropriateness of the policy as it applied to those decisions and comments were then made to the Commission during the regular part of the meeting. These included concerns about the lack of reference to federal regulations in hearing decisions, inappropriate wording of hearing decisions, prohibitive language of the physical restoration policy, and how individuals are found eligible for services. The VRS management affirmed the committees concern about hearing decisions by reiterating that all hearing officers were receiving additional training to address specific deficits that they had identified in written decisions. They also responded that all policies, including the policy on physical restoration services, were being reviewed as a part of the VRS efforts to promulgate their policies. Management offered that the committee meet with the VRS management periodically to help the non-VR committee members better understand their service system. There is now a new VRS Director of Policy and Due Process who will fill this role.

VRS “work groups” have been formed to review policies and procedures prior to the rule promulgation process. IPAS was invited by VRS to submit proposed group participants. The post-secondary work group scheduled its first meeting early in the second quarter to review Policy and Procedure Manual (PPM) 530 and PPM 602. These PPM’s are already in use in VRS offices. Two IPAS staff participate in this work group. IPAS participated in the VRS Small Business Enterprise (SBE) Policy Work Group this quarter. Members were assigned to review the SBE PPM and submit comments. IPAS will also participate in the hearing aid policy work group in the third quarter regarding PPM 625 and the issues related to replacement hearing aids. PPM 625 is also currently in use in the VRS offices.

Centers for Independent Living Council Meetings (ICOIL). During the second quarter, IPAS also attended the monthly statewide Centers for Independent Living council meetings (ICOIL), including a special meeting that was called to review the State plan with the federal oversight agency; Rehabilitation Services Administration (RSA). Discussions at these meetings resulted in addressing several issues including the state plan revision recommendations from RSA, funding and the appropriateness of the current funding formula, increased VRS client referrals to Independent Living (IL) Centers, and the lack of availability of IL services in many counties in the State. A primary

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ICOIL focus this quarter was to recruit new members for the Council and develop work groups to address the new plan's goals and objectives.

303 Provide education and training about employment, disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, families, advocates, and/or service program providers.

During this quarter, IPAS attended and presented information at a staff meeting at the AccessAbility CIL in Indianapolis. IPAS continues to provide CAP information and brochures to CILs and to the Indiana Council on Independent Living (ICOIL) during its monthly meetings. There were also three transition events held this quarter. IPAS attended and distributed materials at each of these. Overall, there has been a total of 58 agency wide education, training, and public information activities introducing IPAS services, including CAP, to approximately 2760 individuals.

Priority 4 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

401 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about VRS or CIL.

During this quarter, IPAS responded to 19 requests for information and technical assistance about VRS and CIL services.

402 Develop and disseminate transition materials to all transition aged students, aged 14 years through 22 years, in three Indiana school districts.

During the second quarter, 477 Transition Planning Handbooks were distributed during education and training events and through outreach activities. Also during this quarter, IPAS made contact with approximately 4000 children, parents, family members, and teachers while distributing the transition materials. Handbooks were distributed at several school-sponsored transition fairs where advocates offered information at exhibit booths and distributed other IPAS publications. IPAS also received several calls this quarter from teachers requesting additional copies of the publication. The publication is now available on the IPAS website. Other distribution points included independent living centers, annual conferences, commission/council meetings, and a long term care rehabilitation facility serving children. This outreach is serving to provide families who have children with disabilities guidance in identifying options and planning strategies as their child transitions from school, where students have been entitled to a free appropriate public education, to adult services that are based on eligibility and availability of funds.

CAP Report End

**Protection and Advocacy for Assistive Technology
PAAT, Keith Butler, Program Coordinator**

I. STATISTIC

Informational Inquiries	4
Cases Carried over from Previous Quarter	5
New Cases Opened	2
Total Clients Served	7
Total Number of Individuals Served	11
Cases Closed at End of Quarter	2
Cases on Hand at End of Quarter	5

II. REPRESENTATIVE CASE

Our client, “Rachel”, was a high school student receiving Article 7 services from her school. She did not receive texts in a digital format in a timely manner as was required as part of her Individualized Education Plan (IEP). There seemed to be general agreement that the school should have provided these materials at the beginning of the year and the school is required to do so under Article 7. The school claimed to have technical difficulties in getting the digital material. IPAS’s involvement was to advocate obtaining the materials as quickly as possible and to have a plan in place while we were waiting for the materials to be ready once they arrived to help Rachel catch up.

IPAS successfully advocated for the Case Conference Committee (CCC) to make sure the school provided teacher/peer notes, syllabi and course outlines. IPAS also advocated for the use of tutors and human readers to help Rachel catch up on her class work. The school provided additional training to Rachel on her reading software that allowed her to turn the regular text books into a digital format. Unfortunately, Rachel and her parents decided that she needed to drop three advanced placement classes and take the general education classes because she had fallen too far behind. The school said that she would still receive her academic honors diploma and that she would not receive incompletes for dropping these classes late into the semester. Rachel’s mother wanted the “Summary of Performance” to note that the reason for the dropped classes was because of the late arrival of the text in digital formats. The CCC notes now reflect that the demands of the classes were excessive and impossible to complete because her materials were not fully accessible until late in the semester.

III. LEGAL

Administrative Hearing: An IPAS client was in need of a power wheelchair. He applied to Medicaid for prior authorization. The request was rejected as not being medically necessary. Two separate experts, a physiatrist and an OTR, concluded for medical reasons that a power wheelchair is a medically reasonable and necessary service. Our client’s respiratory function is compromised by using a manual wheelchair. The power wheelchair can prevent pressure sores, is good for his back and decrease risk of DVT and edema. IPAS agreed to represent the client in an Administrative Hearing.

A hearing was held on this case on December 19, 2013. The decision sustained the state’s decision to deny a request for prior authorization of a power wheelchair and accessories. The decision rests on two conclusions both of which IPAS believes are inaccurate. The paragraph explaining the denial states: “In order for any prior authorization request to be approved, consideration must be given to whether the item is medically reasonable and necessary for the treatment of an illness or injury or to improve the functioning of the body member. The evidence supports that the non-standard equipment is more to allow the appellant to position so that he would tilt to the left and to avoid potential medical conditions. State regulations do not allow for Prior authorization of DME for the prevention of a

Protection and Advocacy for Assistive Technology PAAT, Keith Butler, Program Coordinator

condition, but the improvement of the condition. It further does not allow for positioning of an individual.”

IPAS disagrees with this decision because there is no state regulation that states the Durable Medical Equipment (DME) cannot be used to prevent a condition. Second, there is no evidence in the record, including the two evaluations provided by the Appellant and the two reviews submitted by the state, that state the primary purpose of the chair is so that our client would tilt to the left. Even if that were true, there is not regulation that states the Medicaid funding of wheelchairs does not allow for the positioning of an individual.

The client was undecided about whether to pursue an appeal or pay for a power wheelchair on his own. IPAS advised the client that we believed he had an appealable issue but also advised him of the time frame to pursue a Judicial Review which would be a minimum of six months and that if we received a favorable decision the case would be remanded for another administrative hearing. He had not decided which course to take by the time the Administrative Review appeal was due. Therefore, IPAS filed for Administrative Review on his behalf. Administrative Review essentially always results in a decision favorable to the state. The Administrative appeal was denied. The client ultimately decided to purchase the wheelchair rather than continue with a Judicial Review.

IV. PRIORITIES AND OBJECTIVES

Priority 1 Increase independence and participation in communities by assuring access to assistive technology services and devices.

Objectives:

101 Assist individuals with disabilities in obtaining assistive technology services and devices in the areas of education, health care, employment, community living and in the use of telecommunications.

IPAS represented seven individuals under this objective this quarter.

In addition to the representative case described above, another case closed this quarter involved a client who contacted IPAS because she had been using the same wheelchair for 13 years and her efforts to obtain a new one from her residential provider were unsuccessful. IPAS’s fact finding efforts revealed that the facility was obligated under Medicaid rules to provide necessary DME, such as a wheelchair. As the result of IPAS advocacy, the client was provided a new wheelchair so that she could independently participate in facility activities and travel elsewhere in the community.

102 Provide education and training about assistive technology, disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, families, advocates, and/or service program providers.

During the second quarter, there were no education/training events and no public information activities under this objective. There were a total of 58 agency wide education/training and public information activities (AW202) introducing IPAS services, including PAAT, to approximately 2760 individuals.

**Protection and Advocacy for Assistive Technology
PAAT, Keith Butler, Program Coordinator**

103 Participate in one assistive technology conference.

IPAS did not attend an assistive technology conference this quarter.

Priority 2 Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

201 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about assistive technology.

IPAS responded to four requests for information and referral this quarter.

PAAT Report End

Protection and Advocacy for Traumatic Brain Injury PATBI, Cathy Wingard Program Coordinator

I. STATISTICS

Informational Inquiries	7
Cases Carried over from Previous Quarter	1
New Cases Opened	0
Total Clients Served	1
Total Number of Individuals Served	8
Cases Closed at End of Quarter	1
Cases on Hand at End of Quarter	0

II. REPRESENTATIVE CASE

“Tim” is a person with a traumatic brain injury. He contacted IPAS about the lack of an accessible restroom at a local “box” store in his hometown. Tim located and utilized an in-store courtesy electric-powered shopping cart/scooter at the store’s front door to complete his shopping. During his visit, he attempted to drive the scooter into the store’s public restroom. While the cart was able to be navigated into the restroom, the store-owned cart would not fit into the stall that was marked as being wheelchair accessible. Tim contacted IPAS and lodged a complaint about the restroom stall not meeting the Americans with Disabilities Act Architectural Guidelines (ADAAG). IPAS measured the dimensions of the stall and the scooter. The dimensions of the stall (and other areas of the restroom) were found to be compliant with the ADAAG requirements. IPAS contacted the store manager. He agreed to have a staff person available to assist Tim should he need help during subsequent shopping trips. IPAS found that the store’s restroom was ADA compliant and was unable to identify a rights violation as the shopping cart was not intended to be used as a wheelchair.

III. PRIORITIES AND OBJECTIVES

Priority 1: To reduce or eliminate abuse and neglect of individuals with traumatic brain injury.

Objectives:

101 Review five allegations of abuse and neglect on behalf of individuals with traumatic brain injuries to ensure that the allegation is reported to the responsible entities and advocate that necessary actions are taken to protect the health, safety and welfare of the individual.

Due to the lack of funding, there were no cases opened under this objective during the quarter. In hopes of renewed funding in the third quarter, efforts will again focus on achieving the target number.

Priority 2: Assure access to services for individuals that have traumatic brain injury.

Objectives:

201 Review allegations of discrimination on behalf of three individuals with traumatic brain injury who have been denied services under the ADA Title II and III, or Fair Housing Act and take appropriate action.

Protection and Advocacy for Traumatic Brain Injury PATBI, Cathy Wingard Program Coordinator

The representative case above was opened under this objective and, due to a lack of additional funding from grantor Health Resources and Services Administration (HRSA), it is the only case that was closed this quarter. The objective will be met when IPAS is able to review at least two more allegations of discrimination on behalf of individuals with TBI.

202 Review allegations that the school is not providing appropriate educational services on behalf of three students.

Again, due to federal delays in funding, there were no allegations reviewed in this objective this quarter. For the year, PATBI has reviewed a total of three cases involving educational services.

203 Review complaints on behalf of five individuals with traumatic brain injury seeking employment services from Indiana Vocational Rehabilitation Services.

This objective has not been met due to funding issues.

Priority 3: Increase awareness about IPAS' services and disability rights for individuals with traumatic brain injuries, their families and service providers.

Objectives:

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with Traumatic brain injury, parents, guardians, advocates, and/or service program providers.

During the second quarter, there were three education/training events conducted reaching 18 individuals. There were a total of 58 agency wide education/training and public information activities introducing IPAS services, including PATBI, to approximately 2760 individuals.

302 Assist the Brain Injury Association of Indiana (BIAI) in planning and sponsoring of the Annual BIAI Conference.

IPAS was invited and attended the BIAI Resource Facilitation training this quarter. Resource facilitation services are offered, via Indiana Vocational Rehabilitation Services, to those individuals with traumatic brain injury that require assistance and supports to return to employment and community living. BIAI also announced the launch of their new website that features IPAS in a moving banner across the webpage that includes all annual sponsors' names. IPAS also invited and BIAI President accepted an invitation to present information about BIAI at the upcoming Indiana Rehabilitation Services Commission. IPAS will continue any necessary collaboration with BIAI as the annual conference dates near.

303 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the disability rights issues of individuals with traumatic brain injuries.

**Protection and Advocacy for Traumatic Brain Injury
PATBI, Cathy Wingard Program Coordinator**

IPAS attended and participated in the March BIAI Leadership Board meeting. It was announced that the seven year HRSA TBI Implementation Grant was ending as of March 31, 2014, and that the Indiana Department of Correction (IDOC) would be applying for the new TBI Implementation Partnership Grant Opportunity. If funded, the IDOC will work with resource facilitators to serve individuals in the IDOC population. The primary goals of IDOC's grant application are to increase successful return-to-work efforts and to reduce recidivism.

The four issues that IDOC is targeting are:

- Increase information and referral for individuals and families;
- Increase screening for TBI;
- Increase access to Resource Facilitation; and
- Increase professional training for interdisciplinary sectors of providers.

Despite the ending of one grant, the Leadership Board discussed and agreed to remain intact and to assist IDOC and perhaps serve as members of the IDOC Grant Board. IPAS will maintain an active role on the board and collaborate with IDOC in their upcoming efforts to reintegrate inmates with TBI back into the community.

Priority 4: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

401 Respond to requests for information and referral and technical assistance to individuals with traumatic brain injury, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

IPAS responded to seven inquiries about the PATBI program this quarter.

PATBI Report End

Second Quarter January 1-March 31, 2014

Protection and Advocacy for Voting Access PAVA, Keith Butler, Program Coordinator

I. STATISTICS

Informational Inquiries	2
Cases Carried over from Previous Quarter	0
New Cases Opened	0
Total Clients Served	0
Total Number of Individuals Served	2
Cases Closed at End of Quarter	0
Cases on Hand at End of Quarter	0

II. REPRESENTATIVE CASE

There is no representative case as IPAS had closed all of its PAVA program cases from the 2012 election prior to this quarter.

III. PRIORITIES AND OBJECTIVES

Priority 1: To ensure full participation in the electoral process for Individuals with disabilities.

Objectives:

101 Develop and distribute information concerning voter registration, access to polling places and the right to cast a vote, including information regarding the state's grievance procedure and the role of IPAS in representing individuals.

Outreach was conducted at 71 facilities and organizations that work with people with disabilities and over 700 pieces of IPAS voting rights material was distributed during these outreach efforts. Additionally, a voting rights information postcard is being developed for a direct mailing to Gary, Indiana, an area of the state that has a large minority population. IPAS worked on the design, language, and plan for distribution of the postcards during this quarter. The postcards provide basic information as to the right of people to accessible polling places, accessible voting machines and their right to have someone assist them when they vote. The card also provides IPAS's contact information, and emphasizes the availability of IPAS's services should they have questions or issues when voting. The postcards will be printed and mailed at the end of April, and will be mailed approximately one week prior to the May primary election.

Priority 2: To provide education, training and assistance to individuals with disabilities that will promote their participation in the electoral process.

Objectives:

201 Respond to education, training and assistance requests to individuals with disabilities that will promote their participation in the electoral process.

Second Quarter January 1-March 31, 2014

Protection and Advocacy for Voting Access PAVA, Keith Butler, Program Coordinator

During the second quarter there were 29 Education/Training events under this objective reaching 728 individuals. There were a total of 58 agency wide education/training and public information activities (AW202) introducing IPAS services including PAVA to approximately 2760 individuals.

A total of 2533 voting related publications were distributed to the public at events and activities during this quarter. A total of 6244 IPAS publications were distributed to the community at events and other activities during this quarter.

Priority 3: Participate in advocacy and education efforts revolving around HAVA implementation efforts in their State or Territory.

Objectives:

301 Respond to request for information or training material regarding Help America Vote Act.

During the second quarter, a total of 2533 pieces of IPAS created, HAVA informational materials were distributed by IPAS employees under all objectives. Specifically, 773 Voting Guides, 875 PAVA Brochures, and 885 Voting Information Bookmarks were distributed.

Priority 4: Training and education of election officials, poll workers, and disabilities and best practices in working with individuals with disabilities.

Objectives:

401 Respond to request by election officials, poll workers, and election volunteers regarding the rights of the voters with disabilities and best practices in working with individuals with disabilities.

There was no activity to report under this objective during the second quarter.

Priority 5: To assist individuals with disabilities in filing complaints To assist individuals with disabilities in filing complaints required by HAVA and represent individuals with disabilities in any hearing that may be held regarding the complaint.

Objectives:

501 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about regarding Help America Vote Act.

IPAS received two requests for information and referral related to voting this quarter.

Second Quarter January 1-March 31, 2014

Protection and Advocacy for Voting Access PAVA, Keith Butler, Program Coordinator

502 Assist or represent individuals with disabilities in the grievance procedure set forth in the Indiana HAVA plan.

There were no cases under this objective for this quarter. IPAS had closed all of its PAVA program cases from the 2012 election prior to this quarter.

Priority 6: To provide assistance to State and other governmental entities regarding the physical accessibility of polling places.

Objectives:

601 Respond to request governmental entities regarding the physical accessibility of polling places.

There was no activity to report under this objective during the second quarter.

Priority 7: To obtain training and technical assistance on voting issues, including education regarding accessible voting equipment and systems.

Objectives:

701 As needed provide in-service training to IPAS staff regarding voting issues, including education regarding accessible voting equipment and systems.

The PAVA coordinator provided training to staff on the outreach and training projects under the PAVA 101 and PAVA 201 objectives.

PAVA Report End

Protection and Advocacy for Beneficiaries of Social Security PABSS, Program Cathy Wingard, Coordinator

I. STATISTICS

Informational Inquiries	15
Cases Carried over from Previous Quarter	5
New Cases Opened	1
Total Clients Served	6
Total Number of Individuals Served	21
Cases Closed at End of Quarter	4
Cases on Hand at End of Quarter	2

II. REPRESENTATIVE CASE

“Jack” had been an Indiana Vocational Rehabilitation Services (VRS) client since 2007 and had worked with three different VR counselors over the years while attempting to obtain and maintain employment. However, his most recent VR counselor decided to close Jack’s case because of his lack of cooperation with his responsibilities under his employment plan. IPAS agreed to review Jack’s case to determine if he had been afforded the services he needed to obtain employment. Fact-finding revealed that VRS had provided Jack with the services that would enable him to obtain employment but he had not always taken full advantage of those services. It was determined that VRS correctly implemented its policies and that Jack’s rights had not been violated when VRS closed his case. Since Jack had not filed an appeal, he was informed of his right to appeal and informed of his rights with regard to the VRS re-application process.

III. PRIORITIES AND OBJECTIVES

Priority 1 Provide assistance to Social Security beneficiaries to secure or restore employment and support services from employment networks.

Objectives:

101 Review complaints of improper or inadequate services provided to a beneficiary by a service provider, employer or other entity involved in the beneficiary’s return to work effort.

During the second quarter, IPAS opened one additional case under this objective. Four cases were closed and two beneficiaries are currently receiving advocacy services to address issues of improper or inadequate employment services. The representative case above was worked under this objective.

During the course of providing assistance to beneficiaries, IPAS was also able to educate callers about their responsibilities contained within the terms of their VRS plan for employment, provide the callers with technical assistance about how to apply for VR services after a move to a new location, and inform them of their rights regarding the VRS eligibility determination process.

Priority 2 Provide information and referral to Social Security beneficiaries about work incentives and employment.

Protection and Advocacy for Beneficiaries of Social Security PABSS, Program Cathy Wingard, Coordinator

201 Respond to requests for information and referral and technical assistance to Social Security beneficiaries about work incentives and employment, including information on the types of services and assistance that may be available to assist them in securing or regaining gainful employment.

Besides the 8523 visits to the IPAS website during the quarter, sixteen individuals contacted IPAS directly asking for specific information about Social Security benefits, employment networks, work incentives, overpayments, and vocational services.

202 Develop and disseminate transition materials to all transition aged students, aged 14 years through 22 years, in three Indiana school districts.

During the second quarter of the fiscal year, IPAS advocates have made contact with approximately 4000 children, parents, family members and teachers in order to distribute the IPAS publication called "Transition Planning Guide-A Handbook for Parents." These guides were distributed at several school sponsored transition fairs where advocates offered information at exhibit booths and distributed other IPAS publications. IPAS also received several calls this quarter from teachers requesting additional copies of the publication. The publication is now available on the IPAS website as well. Distribution points also included independent living centers, annual conferences, commission/council meetings, and a rehabilitation facility serving children. A total of 477 guides were distributed. This outreach is serving to provide families with guidance in identifying options and planning strategies as their child transitions from school, where students have been entitled to a free and appropriate public education, to adult services that are based on eligibility and availability of funds.

203 Conduct other outreach activities.

During this quarter, IPAS surveyed six sheltered workshops (facility-based work centers). Approximately 1000 individuals with disabilities receive prevocational services at these workshops. Many of these individuals are beneficiaries of SSI and/or SSDI. The workshops were provided with information about the PABSS program and IPAS services.

Priority 3 Representative Payee Monitoring

301 Conduct financial review and interviews of SSDI and/or SSI beneficiaries whose benefits are being managed by a Representative Payee for the purpose of ensuring that their living conditions are safe (when the Representative Payee is also providing housing) and that their needs are being met.

Of the seven Social Security Administration Representative Payee surveys assigned during the first quarter, the final two were completed in this quarter. The last two survey's interim and final reports have been submitted to NDRN and approved. NDRN has alerted IPAS that five additional reviews will be assigned in the third quarter.

PABSS end

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TASC/NDRN
Commonly Used Acronyms

ACF -	Administration for Children and Families
AC -	Advisory Council
ADA-	Americans with Disabilities Act
ADD -	Administration on Development Disabilities
ATC -	Assistive Technology Center
ATTAC -	Advocacy Training and Technical Assistance Center
CMHS -	Center for Mental Health Services
CAP -	Client Assistance Program
CCD -	Consortium of Citizens with Disabilities
CMS -	Center for Medicare and Medicaid Services (formerly HCFA)
DAD -	Disability Advocacy Database
DDARS	Division of Aging and Rehabilitation Services
DD -	Developmental Disabilities
DD Act -	Developmental Disabilities Assistance and Bill of Rights Act
DDC -	Developmental Disabilities Council
DSA -	Designated State Agency
EEOC	Equal Employment Opportunity Commission
HAVA-	Help America Vote Act
HCFA -	Health Care Financing Administration
HRSA -	Health Resources and Services Administration
IDEA -	Individual with Disabilities Education Act
ILCs -	Independent Living Centers
LD -	Learning Disability
MI -	Mental Illness
MR -	Mental Retardation
MTARS -	Monitoring and Technical Assistance Review System
NAPAS -	National Association of Protection & Advocacy Systems (Now NDRN)
NDRN-	National Disabilities Rights Network
NIDRR -	National Institute on Disability Rehabilitation Research
OMB -	Office of Management & Budget
OSERS -	Office of Special Education Rehabilitation Services
P&A -	Protection & Advocacy System
PAAT -	Protection & Advocacy for Obtaining Assistive Technology
PABSS -	Protection & Advocacy for Beneficiaries of Social Security
PADD -	Protection & Advocacy for Persons with Developmental Disabilities
PAIMI -	Protection & Advocacy for Individuals with Mental Illness
PAIR -	Protection & Advocacy for Individual Rights
PATBI -	Protection & Advocacy for Persons with Traumatic Brain Injury
PPR -	Program Performance Report
PR -	Public Relations
SAMHSA-	Substance Abuse and Mental Health Services Administration
SOP -	Statement of Objectives & Priorities
SSA -	Social Security Administration
RSA -	Rehabilitation Services Administration
Rehab Act -	Rehabilitation Act
TASC -	Training and Advocacy Support Center
TASR -	Technical Assistance Site Review (CMHS)
TBI -	Traumatic Brain Injury
Tech Act -	Technology-Related Assistance for Individuals with Disabilities Act
UAP -	University Affiliated Program
UCDD -	University Centers for Excellence in Development Disabilities Education, Research and Service

The Following are more Acronyms Commonly used at IPAS:

ACLU	American Civil Liberties Union
APS	Adult Protective Services
ARC	State and local organizations for developmental disability advocacy
ARTICLE 7	Special Education Regulations (INDIANA)
DCS	Department of Child Services
DDRS	Division of Disability and Rehabilitative Services
DMHA	Division of Mental Health and Addictions
DOC	Indiana Department of Corrections
DOE	Department of Education
EEOC	Equal Employment Opportunity Commission
IDEA	Individuals with Disabilities Education Act (Federal)
ICF	Intermediate Care Facility
ICLU	Indiana Civil Liberties Union
IPE	Individual plan for employment
Institute,	The Indiana Institute on Disability and Community
IPIN	Indiana Parent Information Network based in Indianapolis
IN*SOURE	Indiana's Parent Training Information Project based in South Bend
IPE	Individual Plan for Employment a VR term
OCR	Office of Civil Rights
QRMP	Qualified Mental Retardation Person
QRMP-D	Qualified Mental Retardation Person-Designee (Unique to Indiana, RULE 7)
RULE 7	Part of Nursing Home Regulations (Indian) concerning the facility's requirements for programming for MR residents used in QMRP-D Training
USDOE	United States Department of Education
VR / Voc Rehab	Vocational Rehabilitation Services
504	Section 504 of the Rehabilitation Act of 1973-504

State Hospitals (SOFs):

LCH	Larue Carter Hospital
LSH	Logansport State Hospital
EPCC	Evansville Psychiatric Children's Center
ESH	Evansville State Hospital
MSH	Madison State Hospital
RSH	Richmond State Hospital